


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 05, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 739604</b> 1. Entity Name <b>THE ESTATES OF SILVERLAKE PROPERTY OWNERS' ASSOCIATION, INCORPORATED</b>		
Principal Place of Business <b>2306 SW 23RD CRANBROOK DR. BOYNTON BEACH FL 33436</b>		Mailing Address <b>2306 SW 23RD CRANBROOK DR. BOYNTON BEACH FL 33436</b>
2. Principal Place of Business <i>SAME AS ABOVE</i>		3. Mailing Address <i>SAME AS ABOVE</i>
Suite, Apt. #, etc.		Suite, Apt. #, etc.
City & State		City & State
Zip		Country
Country		Zip
Country		Country
4. FEI Number <b>59-2286964</b>		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>
<b>6. Name and Address of Current Registered Agent</b> NOVITA, JACK 2668 S.W. 23RD CRANBROOK DR BOYNTON BEACH FL 33436-5704		<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.		
SIGNATURE: <i>Jack Novita</i> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>		DATE: <i>1/28/05</i>
<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
<b>Make Check Payable to Florida Department of State</b>		
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>
TITLE: PD NAME: NOVITA, JACK STREET ADDRESS: 2668 S.W. 23RD CRANBROOK DR CITY-ST-ZIP: BOYNTON BEACH FL 33436	<input type="checkbox"/> Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP: 1100000216798 02/05/05-80063-016 61.25
TITLE: SD NAME: STERN, NORMAN STREET ADDRESS: 2543 SW 23RD CRANBROOK PL CITY-ST-ZIP: BOYNTON BEACH FL 33436	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Add
TITLE: TD NAME: COHEN, LEON STREET ADDRESS: 2502 SW 23RD CRANBROOK DR CITY-ST-ZIP: BOYNTON BEACH FL 33436	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Add
TITLE: VP NAME: ROGERS, JOHN STREET ADDRESS: 2713 SW 23RD CRANBROOK DR CITY-ST-ZIP: BOYNTON BEACH FL 33436	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Add
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Add
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Add

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** *Jack Novita Pres.* *1/28/05* **\$61843888**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR