


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2007 8:00 am
Secretary of State

05-02-2007 90043 050 ****61.25

DOCUMENT # N00000006990					
1. Entity Name SILVER PINES POINTE PHASE 2 HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business 75 GATLIN AVE. SUITE A ORLANDO, FL 32806			Mailing Address 75 GATLIN AVE. SUITE A ORLANDO, FL 32806		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-2951883	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WARREN, NANCY ENCORE PROPERTY MGMT LLC 75 GATLIN AVE. SUITE A ORLANDO, FL 32806			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE P NAME WASHINGTON, CAROLYN STREET ADDRESS 1634 RIDGE POINTE DR CITY-ST-ZIP ORLANDO, FL 32808	<input type="checkbox"/> Delete		TITLE D NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE VP NAME LEWIS, WENDY STREET ADDRESS 1627 RIDGE POINTE DR. CITY-ST-ZIP ORLANDO, FL 32808	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D NAME WILLIAMS, JAMES STREET ADDRESS 5708 GOLF CLUB PARKWAY CITY-ST-ZIP ORLANDO, FL 32808	<input type="checkbox"/> Delete		TITLE Prc NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE S NAME RODGERS, KAREN STREET ADDRESS 1532 RIDGE POINTE DR. CITY-ST-ZIP ORLANDO, FL 32808	<input checked="" type="checkbox"/> Delete		TITLE Sec NAME SUSAN WATERS STREET ADDRESS 6725 BONNIE LOW DR CITY-ST-ZIP ORLANDO, FL 32809	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE T NAME NAJME, SHUKAT STREET ADDRESS 5306 HYDE PARK AVE CITY-ST-ZIP ORLANDO, FL 32808	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <i>Susan Chidlers Sec.</i>			4-19-07 107467-2542		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		