# 2007 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

**FILED**
**Oct 10, 2007**
**Secretary of State**

DOCUMENT# N05000010792

**Entity Name:** SILVERLEAF AT SEVEN OAKS HOMEOWNER'S ASSOCIATION, INC.

**Current Principal Place of Business:**

6905 NORTH WICKHAM ROAD
SUITE 501
MELBOURNE, FL 32940

**New Principal Place of Business:**

**Current Mailing Address:**

9887 FOURTH STREET NORTH #301
ST. PETERSBURG, FL 33702

**New Mailing Address:**

**FEI Number: 20-5303811** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND DRIVE
PLANTATION, FL 33324 US

**Name and Address of New Registered Agent:**

BARIC, JOHN ESQ.
6905 N. WICKHAM RD.
SUITE 501
MELBOURNE, FL 32940 US

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.

SIGNATURE: JOHN BARIC 10/10/2007
Electronic Signature of Registered Agent Date

**OFFICERS AND DIRECTORS:**

Title: DV ( ) Delete
Name: WORCARD, KENNETH
Address: 12001 SCIENCE DRIVE #160
City-St-Zip: ORLANDO, FL 32826

Title: DP ( ) Delete
Name: MITCHELL, KENNETH
Address: 5909-G HAMPTON OAKS PARKWAY
City-St-Zip: TAMPA, FL 33610

Title: S ( ) Delete
Name: LOY, PATTY
Address: 12001 SCIENCE DRIVE #160
City-St-Zip: ORLANDO, FL 32826

Title: DT (X) Delete
Name: O'TOOLE, HAZEL
Address: 5909-G HAMPTON OAKS PARKWAY
City-St-Zip: TAMPA, FL 33610

Title: D (X) Delete
Name: MALONE, PAM
Address: 5909-G HAMPTON OAKS PARKWAY
City-St-Zip: TAMPA, FL 33610

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: DV (X) Change ( ) Addition
Name: WOFFORD, KENNETH
Address: 12001 SCIENCE DRIVE #150
City-St-Zip: ORLANDO, FL 32826

Title: DP (X) Change ( ) Addition
Name: MALONE, PAM
Address: 5909-G HAMPTON OAKS PARKWAY
City-St-Zip: TAMPA, FL 33610

Title: DST (X) Change ( ) Addition
Name: O'TOOLE, HAZEL
Address: 6950 N. WICKHAM RD., SUITE 401
City-St-Zip: MELBOURNE, FL 32940

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PAM MALONE P 10/10/2007
Electronic Signature of Signing Officer or Director Date