


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 26, 2004 8:00 am
Secretary of State

03-26-2004 90040 004 ****61.25

DOCUMENT # N98000006284

1. Entity Name
SILVER SPRINGS VILLAGE PROPERTY OWNERS ASSOCIATION, INC.



Principal Place of Business Mailing Address

17325 SE 18TH STREET SILVER SPRINGS FL 34488 US

17325 SE 18TH STREET SILVER SPRINGS FL 34488 US

2. Principal Place of Business 3. Mailing Address

2411 S.E. 173rd CT 2411 S.E. 173rd CT

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Silver Springs, FL Silver Springs, FL

Zip Country Zip Country

34488 USA 34488 USA

4. FEI Number 59-3542946 Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required



MOORE CR2E037 (11/03)

6. Name and Address of Current Registered Agent

SWEENEY, RUSSELL E
 17325 SE 18TH STREET
 SILVER SPRINGS FL 34488

7. Name and Address of New Registered Agent

Name Shawn Leary

Street Address (P.O. Box Number is Not Acceptable)
1039 S.E. 173rd CT

City Silver Springs FL Zip Code 34488

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 Shawn Leary

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS \$61.25 Due By May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P POWELL, MIKE 17325 SE 18TH STREET SILVER SPRINGS FL 34488 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SWEENEY, LINDA J 17325 SE 18TH STREET SILVER SPRINGS FL 34488 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BMD LANE, CAROL 17485 SE 24TH LANE RD SILVER SPRINGS FL 34488 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DBM DEMMO, LORRAINE 17420 SE 24TH LANE RD SILVER SPRINGS FL 34488 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AGENT Powell, Mike 2406 S.E. 173rd CT Silver Springs, FL 34488 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Leary, Shawn 1039 S.E. 173rd CT Silver Springs, FL 34488 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer Saylor, Chalmer 2411 S.E. 173rd CT Silver Springs, FL 34488 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President Walters, Carolyn 2320 S.E. 173rd CT Silver Springs, FL 34488 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Lisa Telesca 2325 S.E. 175th Ter Silver Springs, FL 34488 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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 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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Shawn Leary 03-24-04 (352) 625-3897

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #