


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 08, 2006 8:00 am
Secretary of State

03-08-2006 90182 026 ****61.25

DOCUMENT # N98000006284					
1. Entity Name SILVER SPRINGS VILLAGE PROPERTY OWNERS ASSOCIATION, INC.					
Principal Place of Business P. O. BOX 1456 SILVER SPRINGS, FL 34489-1456 US		Mailing Address P. O. BOX 1456 SILVER SPRINGS, FL 34489-1456 US			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-3542946	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
TERRELL, TINA 2005 S.E. 174TH COURT SILVER SPRINGS, FL 34488				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, 2006		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	A	<input checked="" type="checkbox"/> Delete	TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	POWELL, MIKE		NAME	Walters, Carolyn	
STREET ADDRESS	2406 SE 173RD CT		STREET ADDRESS	2320 SE 173rd CT	
CITY-ST-ZIP	SILVER SPRINGS, FL 34488		CITY-ST-ZIP	Silver Springs, FL 34488	
TITLE	P	<input checked="" type="checkbox"/> Delete	TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LEARY, SHAWN		NAME	Briggs, Ruth	
STREET ADDRESS	1039 SE 173RD CT		STREET ADDRESS	17440 SE 24th Ln Rd	
CITY-ST-ZIP	SILVER SPRINGS, FL 34488		CITY-ST-ZIP	Silver Springs, FL 34488	
TITLE	BMD	<input type="checkbox"/> Delete	TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LANE, CAROL		NAME	Demma, Lorraine	
STREET ADDRESS	17485 SE 24TH LANE RD		STREET ADDRESS	17420 SE 24th Ln Rd	
CITY-ST-ZIP	SILVER SPRINGS, FL 34488		CITY-ST-ZIP	Silver Springs, FL 34488	
TITLE	DBM	<input checked="" type="checkbox"/> Delete	TITLE	BMD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DEMMO, LORRAINE		NAME	French, Richard	
STREET ADDRESS	17420 SE 24TH LANE RD		STREET ADDRESS	2344 SE 173rd Ave	
CITY-ST-ZIP	SILVER SPRINGS, FL 34488		CITY-ST-ZIP	Silver Springs, FL 34488	
TITLE	T	<input type="checkbox"/> Delete	TITLE	BMD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SAYLOR, CHALMER		NAME	Stapleton, Donna	
STREET ADDRESS	2411 SE 173RD CT		STREET ADDRESS	2300 SE 173rd Ave	
CITY-ST-ZIP	SILVER SPRINGS, FL 34488		CITY-ST-ZIP	Silver Springs, FL 34488	
TITLE	VP	<input checked="" type="checkbox"/> Delete	TITLE	BMD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WALTERS, CAROLYN		NAME	Shake, Charles	
STREET ADDRESS	2320 SE 173RD CT		STREET ADDRESS	17390 SE 17th Ln	
CITY-ST-ZIP	SILVER SPRINGS, FL 34488		CITY-ST-ZIP	Silver Springs, FL 34488	
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>Carolyn S Walters</i> Carolyn S Walters			3-6-06		352-625-2450
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date</small>		<small>Daytime Phone #</small>