


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 14, 2008 8:00 am**  
**Secretary of State**

04-14-2008 90025 011 \*\*\*\*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 - No P.O. Box #  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

3. Mailing Address  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

04102008 Chg-NP CR2E037 (12/06)

4. FEI Number  
**59-3542946** Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent  
**STAPLETON, DONNA M  
 2300 SE 173 AVE  
 SILVER SPRINGS, FL 34488**

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

**Filing Fee is \$61.25 Due by May 1, 2008**

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	V WALTERS, CAROLYN 2320 SW 173RD CT SILVER SPRINGS, FL 34488	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BRIGGS, RUTH 17440 SE 2400 LANE RD SILVER SPRINGS, FL 34488	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DEMMA, LORRAINE 17420 SE 24TH LANE RD SILVER SPRINGS, FL 34488	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BMD FRENCH, RICHARD 2344 SE 173RD AVE SILVER SPRINGS, FL 34488	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SAYLOR, CHALMER 2411 SE 173RD CT SILVER SPRINGS, FL 34488	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BMD SHAKE, CHARLES 17390 SE 17TH LN SILVER SPRINGS, FL 34488	<input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	BMD WALTERS, CAROLYN 2320 S.E. 173rd Ct SILVER SPRINGS, FL 34488	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BMD BREMEN, ARTHUR 2155 SE 1756th TERR SILVER SPRINGS, FL 34488	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BMD Bell, RANDY 2545 SE 175th TERR 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
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SHAKE, Charles 17390 SE 17th LN SILVER SPRINGS, FL 34488	<input checked="" 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:** *Chalmer Saylor* **Chalmer Saylor** **4/10/08** **1-352-625-2202**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #