

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 19, 2004 8:00 am
Secretary of State

03-19-2004 90061 024 ****61.25

DOCUMENT # N37945

1. Entity Name
SILVER GLEN HOMEOWNERS' ASSOCIATION, INC.



Principal Place of Business
**668 NORTH ORLANDO AVE
SUITE 105
MAITLAND, FL 32751 US**

Mailing Address
**668 NORTH ORLANDO AVE
SUITE 105
MAITLAND, FL 32751 US**

2. Principal Place of Business
**901 N. Lake Destiny Drive
Suite, Apt. #, etc.
Suite 110**

3. Mailing Address
**901 N. Lake Destiny Drive
Suite, Apt. #, etc.
Suite 110**

City & State
Maitland, FL

City & State
Maitland, FL

Zip
32751

Country
USA

Zip
32751

Country
USA

03032004 Chg-NP CR2E037 (10/03)

4. FEI Number
59-3051306

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**WEBB, ROBIN L
668 NORTH ORLANDO AVE
STE 105
MAITLAND, FL 32751**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)
901 N. Lake Destiny Drive

Suite 110

City
Maitland

FL Zip Code
32751

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, 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
TD
LOGAN, MIKE
323 FOREST CREST
OCOE, FL 34761 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
PD
BASS, JOHN
1727 GLENHAVEN CIRCLE
OCOE, FL 34761 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
SD
MANN, DANNY
1406 CHAPEL RIDGE DRIVE
OCOE, FL 34761 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
VPD
RADUENZ, VICKY
401 ABBEY RIDGE CT
OCOE, FL 34761 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
WELLS, BILLY
P.O. BOX 537
OCOE, FL 34761 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
PD
Baggett, Jerry
427 Sterling Lake Drive
Ocoee, FL 34761 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
SD
Jameson, Arthur
1571 Glenhaven Circle
Ocoee, FL 34761 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
Ringden, Jerome
408 Sterling Lake Drive
Ocoee, FL 34761 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #