

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

**FILED**  
**Apr 23, 2004 8:00 am**  
**Secretary of State**

03-29-2004 90404 004 \*\*\*\*61.25

66414664



MOORE CR2E037 (11/03)

|   |   |   |   |   |  |
|---|---|---|---|---|--|
| <b>DOCUMENT # 739604</b><br>1. Entity Name<br><b>THE ESTATES OF SILVERLAKE PROPERTY OWNERS' ASSOCIATION, INCORPORATED</b>   |   |   |   |   |  |
| Principal Place of Business<br><b>2306 SW 23RD CRANBROOK DR.<br/>BOYNTON BEACH FL 33436</b>   |   |   | Mailing Address<br><b>2306 SW 23RD CRANBROOK DR.<br/>BOYNTON BEACH FL 33436</b> |   |  |
| 2. Principal Place of Business<br><br>Suite, Apt. #, etc.   |   |   | 3. Mailing Address<br><br>Suite, Apt. #, etc.                                   |   |  |
| City & State  |   |   | City & State  |   |  |
| Zip   | Country   | Zip   | Country   | 4. FEI Number <b>59-2286964</b> <div style="float: right; border: 1px solid black; padding: 2px;">           Applied For<br/>Not Applicable         </div>  |  |
| 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>   |   |   |   | 6. Name and Address of Current Registered Agent<br><br><b>NOVITA, JACK<br/>2668 S.W. 23RD CRANBROOK DR<br/>BOYNTON BEACH FL 33436-5704</b>  |  |
| 7. Name and Address of New Registered Agent<br><br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <span style="float: right;"><b>FL</b></span> 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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____  |   |   |   |   |  |
| <b>FILE NOW: FEE IS \$61.25<br/>Due By May 1, 2004</b>  |   | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |   | <b>Make Check Payable to<br/>Florida Department of State</b>  |  |
| <b>10. OFFICERS AND DIRECTORS</b>   |   |   | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>                    |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | PD<br>NOVITA, JACK<br>2668 S.W. 23RD CRANBROOK DR<br>BOYNTON BEACH FL 33436 |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | SD<br>STERN, NORMAN<br>2543 SW 23RD CRANBROOK PL<br>BOYNTON BEACH FL 33436  |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | TD<br>COHEN, LEON<br>2502 SW 23RD CRANBROOK DR<br>BOYNTON BEACH FL 33436    |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | VP<br>ROGERS, JOHN<br>2713 SW 23RD CRANBROOK DR<br>BOYNTON BEACH FL 33436   |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <input type="checkbox"/> Delete   |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <input type="checkbox"/> Delete   |   | TITLE<br>NAME<br>STREET ADDRESS<br>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. |   |   |   |   |  |
| <b>SIGNATURE:</b> <i>Jack Novita</i> <b>4/19/04</b> <b>561-7341-237</b><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>  |   |   |   |   |  |