

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 15, 2006 8:00 am**  
**Secretary of State**

03-15-2006 90090 015 \*\*\*\*61.25

**DOCUMENT # N19494**



1. Entity Name  
**SILVER LAKE HOMEOWNERS ASSOCIATION, INC.**

Principal Place of Business  
**5401 S KIRKMAN RD.  
STE. 450  
ORLANDO, FL 32819 US**

Mailing Address  
**5401 S KIRKMAN RD.  
STE. 450  
ORLANDO, FL 32819 US**

40051000



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01042006 Chg-NP CR2E037 (11/05)

City & State

City & State

4. FEI Number  
**59-2877230**

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**COMMUNITY MANAGEMENT PROFESSIONALS, INC.  
5401 S. KIRKMAN RD.  
#450  
ORLANDO, FL 32819**

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, 2006**

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 **D** ☐ Delete  
NAME **WIERMAN, JOHN**  
STREET ADDRESS **806 SILVER ROSE**  
CITY-ST-ZIP **LAKE MARY, FL 32746**

TITLE **DP** ☐ Delete  
NAME **COLVIN, RUSS**  
STREET ADDRESS **954 SHRIVER CIRCLE**  
CITY-ST-ZIP **LAKE MARY, FL 32746**

TITLE **D** ☒ Delete  
NAME **SMALLEY, WILLIAM**  
STREET ADDRESS **954 SHRIVER CIRCLE**  
CITY-ST-ZIP **LAKE MARY, FL 32746**

TITLE **DTS** ☒ Delete  
NAME **SHAH, SARITA**  
STREET ADDRESS **803 SHRIVER CIRCLE**  
CITY-ST-ZIP **LAKE MARY, FL 32746**

TITLE **PD** ☒ Delete  
NAME **LANGILLE, STEVE**  
STREET ADDRESS **818 SHRIVER CIRCLE**  
CITY-ST-ZIP **LAKE MARY, FL 32746**

TITLE **D ST** ☐ Delete  
NAME **WICKS, KIM**  
STREET ADDRESS **772 SILVERWOOD DR**  
CITY-ST-ZIP **LAKE MARY, FL 32746**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE **PD** ☒ Change ☐ Addition  
NAME **COLVIN, RUSS**  
STREET ADDRESS **954 SHRIVER CIRCLE**  
CITY-ST-ZIP **LAKE MARY, FL 32746**

TITLE **VPD** ☐ Change ☒ Addition  
NAME **MOONEY, KEVIN**  
STREET ADDRESS **846 SHRIVER CIRCLE**  
CITY-ST-ZIP **LAKE MARY, FL 32746**

TITLE **D** ☐ Change ☒ Addition  
NAME **SQUITIERI, ANTHONY**  
STREET ADDRESS **769 SILVERWOOD DR**  
CITY-ST-ZIP **LAKE MARY, FL 32746**

TITLE **D** ☐ Change ☒ Addition  
NAME **BREWER, TERRY**  
STREET ADDRESS **802 SILVER ROSE COURT**  
CITY-ST-ZIP **LAKE MARY, FL 32746**

TITLE **STD** ☒ Change ☐ Addition  
NAME **WICKS, KIM**  
STREET ADDRESS **772 SILVERWOOD DR**  
CITY-ST-ZIP **LAKE MARY, FL 32746**

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:

*Russell C. Colvin*  
**Russell C. Colvin**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/10/06

Date

407-321-5089

Daytime Phone #