

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N37945

FILED  
Apr 16, 2007  
Secretary of State

**Entity Name:** SILVER GLEN HOMEOWNERS' ASSOCIATION, INC.

**Current Principal Place of Business:**

2180 WEST SR 434  
SUITE 5000  
LONGWOOD, FL 32779 US

**New Principal Place of Business:**

**Current Mailing Address:**

2180 WEST SR 434  
SUITE 5000  
LONGWOOD, FL 32779 US

**New Mailing Address:**

**FEI Number:** 59-3051306

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

HART, JAMES W JR  
% SENTRY MANAGEMENT INC  
2180 W SR 434 STE 5000  
LONGWOOD, FL 327795044 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: WELLS, BILLY  
Address: PO BOX 537  
City-St-Zip: OCOEE, FL 34761

Title: SD ( ) Delete  
Name: RESNIK, ALISON  
Address: 407 ABBEYRIDGE COURT  
City-St-Zip: OCOEE, FL 34761

Title: TD ( ) Delete  
Name: LETO, BEN  
Address: 1417 CENTER STREET  
City-St-Zip: OCOEE, FL 34761

Title: VPD ( ) Delete  
Name: RADUENZ, VICKY  
Address: 401 ABBEY RIDGE CT  
City-St-Zip: OCOEE, FL 34761

Title: PD ( ) Delete  
Name: RINDGEN, JEROME  
Address: 408 STERLING LAKE DRIVE  
City-St-Zip: OCOEE, FL 34761

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: SD (X) Change ( ) Addition  
Name: WELLS, BILLY  
Address: 1649 GLENHAVEN CIR  
City-St-Zip: OCOEE, FL 34761

Title: VPD (X) Change ( ) Addition  
Name: RESNIK, ALISON  
Address: 407 ABBEYRIDGE COURT  
City-St-Zip: OCOEE, FL 34761

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D (X) Change ( ) Addition  
Name: RADUENZ, GREG  
Address: 401 ABBEY RIDGE CT  
City-St-Zip: OCOEE, FL 34761

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JEROME RINDGEN

PD

04/16/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date