

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000005285

Entity Name: SILVER LAKES-GATEWAY HOMEOWNERS ASSOCIATION, INC.**FILED**
Apr 07, 2021
Secretary of State
2349109825CC**Current Principal Place of Business:**C/O COMPASS ROSE MANAGEMENT
1010 N E 9TH STREET
CAPE CORAL, FL 33909**Current Mailing Address:**C/O COMPASS ROSE MANAGEMENT
1010 N E 9TH STREET
CAPE CORAL, FL 33909 US**FEI Number:** 65-0508210**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**COMPASS ROSE MANAGEMENT
C/O COMPASS ROSE MANAGEMENT
1010 N E 9TH STREET
CAPE CORAL, FL 33909 US*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:** ANASTASIOS TRICAS

04/07/2021

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name SIEGEL, LAUREN
Address C/O COMPASS ROSE MANAGEMENT
 1010 N E 9TH STREET
City-State-Zip: CAPE CORAL FL 33909

Title VP
Name ANDERSON, RICHARD A
Address C/O COMPASS ROSE MANAGEMENT
 1010 N E 9TH STREET
City-State-Zip: CAPE CORAL FL 33909

Title SECRETARY
Name WISNIEWSKI, JAMES
Address C/O COMPASS ROSE MANAGEMENT
 1010 N E 9TH STREET
City-State-Zip: CAPE CORAL FL 33909

Title TREASURER
Name ALBRECHT, MARKUS
Address C/O COMPASS ROSE MANAGEMENT
 1010 N E 9TH STREET
City-State-Zip: CAPE CORAL FL 33909

Title DIRECTOR
Name MARKU, CLAUDE
Address C/O COMPASS ROSE MANAGEMENT
 1010 N E 9TH STREET
City-State-Zip: CAPE CORAL FL 33909

I hereby 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 all other like empowered.

SIGNATURE: LAUREN SIEGEL

PRESIDENT

04/07/2021

Electronic Signature of Signing Officer/Director Detail

Date