2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 19, 2007
Secretary of State

DOCUMENT# 710568

Entity Name: SYLVAN SHORES ASSOCIATION, INC.

Current Principal Place of Business:

1720 SYLVAN POINT DRIVE
MOUNT DORA, FL 32757 US

New Principal Place of Business:

Current Mailing Address:

1720 SYLVAN POINT DRIVE
MT.DORA, FL 327573507 US

New Mailing Address:

FEI Number: 59-2167092 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BROOKS, DIANE B
1720 SYLVAN PT DR.
MOUNT DORA, FL 32757 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:	PD	( ) Delete
Name:	ARNDT, JAQCQUELIN	
Address:	2300 PALMETTO RD.	
City-St-Zip:	MOUNT DORA, FL 32757	
Title:	VP	( ) Delete
Name:	KIRST, MARILYN	
Address:	2525 MORNINGSIDE DR.	
City-St-Zip:	MOUNT DORA, FL 32757	
Title:	SR	( ) Delete
Name:	BROOKS, DIANE	
Address:	1720 SYLVAN	
City-St-Zip:	MOUNT DORA, FL 32757	
Title:	D	( ) Delete
Name:	NAKASHIAN, NANCY	
Address:	1740 SYLVN POINT DRIVE	
City-St-Zip:	MOUNT DORA, FL 32757	
Title:	D	( ) Delete
Name:	MCGRATH, KEN	
Address:	1755 MORNINGSIDE DR	
City-St-Zip:	MOUNT DORA, FL 32757	
Title:	D	( ) Delete
Name:	VAUGHN, NADINE	
Address:	2100 SHERIDAN RD	
City-St-Zip:	MOUNT DORA, FL 32757	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
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: DIANE B BROOKS SEC 03/19/2007

Electronic Signature of Signing Officer or Director — Date