## 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 723964** 

FILED Mar 16, 2012 Secretary of State

Entity Name: SILVER PINES NO.1, INC.

Current Principal Place of Business: New Principal Place of Business:

1640 NE 40TH AVE. 1640 NE 40TH AVE.

109 107

OCALA, FL 34470 US OCALA, FL 34470 U

Current Mailing Address: New Mailing Address:

1640 NE 40TH AVE. 1640 NE 40TH AVE.

09 10

OCALA, FL 34470 US OCALA, FL 34470 US

FEI Number: 59-1636059 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

PRPICH, THOMAS F

1640 N.E. 40TH AVE.

UNIT 109

OCALA, FL 34470 US

LITTLEPAGE, LUANNE P
1640 N.E. 40TH AVE.

UNIT 107

OCALA, FL 34470 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: LUANNE P. LITTLEPAGE 03/16/2012

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

Title: F

 Name:
 KEMNITZ, BARBARA

 Address:
 1640 NE 40 AVE #207

 City-St-Zip:
 OCALA, FL 34470

Title: S

 Name:
 LITTLEPAGE, LUANNE P

 Address:
 1640 NE 40 AVE #107

 City-St-Zip:
 OCALA, FL 34470

Title:

Name: SCHNORRENBERG, JEANETTE

Address: 1640 NE 40 AVE #103 City-St-Zip: OCALA, FL 34470

Title: [

 Name:
 PRPICH, THOMAS F

 Address:
 1640 NE 40 AVE #109

 City-St-Zip:
 OCALA, FL 34470

Title:

 Name:
 SNIDER, PATSY

 Address:
 1640 NE 40 AVE #209

 City-St-Zip:
 OCALA, FL 34470

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: LUANNE P. LITTLEPAGE S 03/16/2012