


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 17, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 734112</b>	
1. Entity Name SILVER SPRINGS SHORES RESIDENTS' ASSOCIATION, INC.	

Principal Place of Business 590 SILVER ROAD OCALA, FL 34472 US	Mailing Address 590 SILVER ROAD OCALA, FL 34472 US
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02082005 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**


4. FEI Number 59-1656878	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

**6. Name and Address of Current Registered Agent**

KELLY, EDWARD J PRESIDE  
2 EMERALD CT  
OCALA, FL 34472

**DO NOT WRITE  
IN THIS SPACE**

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:  EDWARD J. KELLY PRESIDENT 2-14-05  
Signature, type 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, 2005**

9. Election Campaign Financing  
Trust Fund Contribution ☐ \$5.00 May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE	P
NAME	KELLY, EDWARD J LT/COL
STREET ADDRESS	2 EMERALD CT
CITY-ST-ZIP	OCALA, FL 34472

TITLE	VP
NAME	NORRIS, EDWIN J
STREET ADDRESS	611 BAHIA CIRCLE
CITY-ST-ZIP	OCALA, FL 34472

TITLE	S
NAME	SLUSSER, ZELMA
STREET ADDRESS	34 TEAK LOOP
CITY-ST-ZIP	OCALA, FL 34472

TITLE	T
NAME	PURDY, BONNIE L
STREET ADDRESS	548 SILVER COURSE CIR.
CITY-ST-ZIP	OCALA, FL 34472

TITLE	D
NAME	HANLON, NORENE
STREET ADDRESS	6 HICKORY TRACK RUN
CITY-ST-ZIP	OCALA, FL 34472

TITLE	D
NAME	MERVINE, PHYLLIS
STREET ADDRESS	66 SILVER PLACE
CITY-ST-ZIP	OCALA, FL 34472

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  EDWARD J. KELLY 2-14-05 352-667-4180  
Signature and typed or printed name of signing officer or director Date Daytime Phone #