

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 748494

FILED
Apr 01, 2009
Secretary of State

Entity Name: SILVER PINES GOLF VILLAGE CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

5505 HERNANDES DRIVE
ORLANDO, FL 32808

New Principal Place of Business:

Current Mailing Address:

PO BOX 162147
ALTAMONTE SPRINGS, FL 327162147

New Mailing Address:

FEI Number: 59-2077735

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PFAUSER, MARGO A
225 N WESTMONTE DR
#3310
ALTAMONTE SPRINGS, FL 32714 US

Name and Address of New Registered Agent:

PFAUSER, MARGO A
225 S WESTMONTE DR
#3310
ALTAMONTE SPRINGS, FL 32714 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: MARGO A PFAUSER

04/01/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: ADOLFI, ADOLPH J JR
Address: 8011B MARLIN DRIVE
City-St-Zip: CLAY, NY 13401

Title: STD () Delete
Name: WILKIE, MICHAEL
Address: 5505 HERNANDES DR. #205
City-St-Zip: ORLANDO, FL 32808

Title: VPD () Delete
Name: KAPLAN, JOAN
Address: 5505 HERNANDES DR #210
City-St-Zip: ORLANDO, FL 32808

Title: D () Delete
Name: ZOOK, RAY
Address: 5505 HERNANDES DRIVE #242
City-St-Zip: ORLANDO, FL 32808

Title: D () Delete
Name: GUILLETTE, JOHN
Address: 5505 HERNANDES DR. #121
City-St-Zip: ORLANDO, FL 32808

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:

I hereby certify that the information supplied with this filing does not qualify 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: ADOLPH J ADOLFI, JR

PD

04/01/2009

Electronic Signature of Signing Officer or Director

Date