

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 12, 2007 8:00 am**  
**Secretary of State**

03-12-2007 90090 034 \*\*\*\*61.25

**DOCUMENT # 750447**

1. Entity Name

SYLVAN SHORES HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business

P.O. BOX 1343  
LAKE PLACID FL 33862

Mailing Address

P.O. BOX 1343  
LAKE PLACID FL 33862



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2277185

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

1st MOORE

CR2E037 (10/06)

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GARDNER, FRANK  
1802 SYLVIA STREET  
LAKE PLACID FL 33852

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	WISEMAN, CHARLES	
STREET ADDRESS	1638 CEDARBROOK ST	
CITY-STATE-ZIP	LAKE PLACID FL 33852	
TITLE	T	<input type="checkbox"/> Delete
NAME	GARDNER, FRANK	
STREET ADDRESS	1802 SYLVIA ST	
CITY-STATE-ZIP	LAKE PLACID FL 33852	
TITLE	S	<input type="checkbox"/> Delete
NAME	LUSK, MYRTLE	
STREET ADDRESS	1642 FIFTH STREET	
CITY-STATE-ZIP	LAKE PLACID FL	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	HEALEY, KAY	
STREET ADDRESS	1803 TAYLOE LANE	
CITY-STATE-ZIP	LAKE PLACID FL 33852	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	WARREN, BUD	
STREET ADDRESS	1712 LAKE CLAY DR	
CITY-STATE-ZIP	LAKE PLACID FL 33852	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	DENEBY, BILL	
STREET ADDRESS	1801 LAKE CLAY DRIVE	
CITY-STATE-ZIP	LAKE PLACID FL 33852	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SANTOS, JOSE	
STREET ADDRESS	1703 BUCK ST.	
CITY-STATE-ZIP	LAKE PLACID, FL 33852	
TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WARREN, BUD	
STREET ADDRESS	1712 LAKE CLAY DR.	
CITY-STATE-ZIP	LAKE PLACID, FL 33852	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WISEMAN, CHARLES	
STREET ADDRESS	1638 CEDARBROOK ST.	
CITY-STATE-ZIP	LAKE PLACID, FL 33852	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BERG, JOE	
STREET ADDRESS	1619 PINETOP TERR.	
CITY-STATE-ZIP	LAKE PLACID, FL 33852	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BERG, KAY	
STREET ADDRESS	1619 PINETOP TERR.	
CITY-STATE-ZIP	LAKE PLACID, FL 33852	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KATZ, ABE	
STREET ADDRESS	1715 CEDARBROOK ST.	
CITY-STATE-ZIP	LAKE PLACID, FL 33852	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: *Frank Gardner* FRANK GARDNER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/27/07

Date

863-465-7467

Daytime Phone #