2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 11, 2005
Secretary of State

DOCUMENT# 767284

Entity Name: THE SILVER PINES FOREST OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

1601 N.E. 14 STREET
OCALA, FL 34470 US

New Principal Place of Business:

Current Mailing Address:

POST OFFICE BOX 3305
OCALA, FL 34478

New Mailing Address:

FEI Number: 59-2421196 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

FRICK, FRANCIS M JR.
1601 N.E. 14 STREET
OCALA, FL 34470 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: D ( ) Delete
Name: ANDRIESEN, CORA
Address: 2103 NE 38 AVE
City-St-Zip: OCALA, FL 34470

Title: TD ( ) Delete
Name: FRICK, FRANCIS M.,JR, .
Address: 5108 S.E. 7TH PLACE
City-St-Zip: OCALA, FL 34471

Title: VPD ( ) Delete
Name: BASSETT, TUSTINE
Address: 1135 NE 12TH DRIVE
City-St-Zip: OCALA, FL 34470

Title: PD ( ) Delete
Name: BASSETT, CURRY
Address: 1135 NE 12TH AVE
City-St-Zip: OCALA, FL 34475

Title: S ( ) Delete
Name: WATKINS, SYBIL
Address: 20 ALMOND AVE
City-St-Zip: OCALA, FL 34472

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 for the exemption stated in Section 119.07(3)(i), 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: FRANCIS M. FRICK, JR TD 05/11/2005

Electronic Signature of Signing Officer or Director — Date