## 2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

## **DOCUMENT# 767284**

**OFFICERS AND DIRECTORS:** 

FILED Mar 02, 2007 Secretary of State

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

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

1601 N.E. 14 STREET 2102 NE 38TH AVENUE OCALA, FL 34470 OCALA, FL 34470

**Current Mailing Address: New Mailing Address:** 

POST OFFICE BOX 3305 POST OFFICE BOX 3985 OCALA, FL 34478 OCALA, FL 34478

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: Name and Address of New Registered Agent:

COMPUTERIZED ACCOUNTING & TAX SPECIALIST, FRICK, FRANCIS M JR. 1601 N.E. 14 STREET 2201 SW COLLEGE ROAD OCALA, FL 34470 SUITE #5

OCALA, FL 34474 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: PAUL SCHMIEDER

03/02/2007

Electronic Signature of Registered Agent

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Date

() Delete (X) Change ( ) Addition ANDRIESEN, CORA HARRELL, WADE Name: Name:

2103 NE 38 AVE Address: 4465 NE 2ND COURT Address: City-St-Zip: OCALA, FL 34470 City-St-Zip: OCALA, FL 34479

Title: () Delete Title: VPD (X) Change ( ) Addition FRICK, FRANCIS M., JR, . Name: HICKS, BECKY Name:

Address: 5108 S.E. 7TH PLACE Address: 2110 NE 38TH AVENUE City-St-Zip: OCALA, FL 34471 City-St-Zip: OCALA, FL 34470

Title: VPD () Delete Title: (X) Change ( ) Addition

BASSETT, TUSTINE HOFFMAN, CHRIS Name: Name: 1135 NE 12TH DRIVE Address: Address: 2102 NE 38TH AVENUE City-St-Zip: OCALA, FL 34470 City-St-Zip: OCALA, FL 34470

Title: PD ( ) Delete Title: SD (X) Change ( ) Addition

Name: BASSETT, CURRY Name: WATKINS, SYBIL Address: 1135 NE 12TH AVE Address: 6580 NE 1ST LANE City-St-Zip: OCALA, FL 34475 City-St-Zip: OCALA, FL 34470

Title: (X) Delete Title: () Change () Addition

WATKINS, SYBIL Name: Name: 20 ALMOND AVE Address: Address: City-St-Zip: OCALA, FL 34472 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: SYBIL WATKINS SD 03/02/2007