

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 767284

FILED  
Apr 01, 2008  
Secretary of State

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

**Current Principal Place of Business:**

2102 NE 38TH AVENUE  
OCALA, FL 34470 US

**New Principal Place of Business:**

**Current Mailing Address:**

POST OFFICE BOX 3985  
OCALA, FL 34478

**New Mailing Address:**

**FEI Number:** 59-2421196

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

COMPUTERIZED ACCOUNTING & TAX SPECIALIST,  
2201 SW COLLEGE ROAD  
SUITE #5  
OCALA, FL 34474 US

**Name and Address of New Registered Agent:**

COMPUTERIZED ACCOUNTING & TAX SPECIALIST,  
512 E SILVER SPRINGS BLVD  
OCALA, FL 34470 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

04/01/2008

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: HARRELL, WADE  
Address: 4465 NE 2ND COURT  
City-St-Zip: Ocala, FL 34479

Title: VPD ( ) Delete  
Name: HICKS, BECKY  
Address: 2110 NE 38TH AVENUE  
City-St-Zip: Ocala, FL 34470

Title: TD ( ) Delete  
Name: HOFFMAN, CHRIS  
Address: 2102 NE 38TH AVENUE  
City-St-Zip: Ocala, FL 34470

Title: SD ( ) Delete  
Name: WATKINS, SYBIL  
Address: 6580 NE 1ST LANE  
City-St-Zip: Ocala, FL 34470

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: TD (X) Change ( ) Addition  
Name: CONNOLLY, LINDSAY  
Address: 2108 NE 38TH AVENUE  
City-St-Zip: Ocala, FL 34470

Title: SD (X) Change ( ) Addition  
Name: ADAMS, ANGELA  
Address: 2115 NE 38TH AVENUE  
City-St-Zip: Ocala, FL 34470

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: WADE HARRELL

PD

04/01/2008

Electronic Signature of Signing Officer or Director

Date