



**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED

07 MAY 23 PM 2:43

FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

| | | | | | |
|--|-----------------------|---|---|---|--|
| DOCUMENT # N00000002341 | | | |  | |
| 1. Entity Name SILVER GLEN AT CITRUS ISLES HOMEOWNERS ASSOCIATION, INC. | | | | | |
| Principal Place of Business C/O CASTLE GROUP 15200 JOG ROAD, SUITE 205 DELRAY BEACH, FL 33446 | | | Mailing Address C/O CASTLE GROUP 15200 JOG ROAD, SUITE 205 DELRAY BEACH, FL 33446 | | |
| 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 65-1025181 | |
| | | | | Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | | | | 02152007 Chg-NP CR2E037 (12/06) | |
| 6. Name and Address of Current Registered Agent STEVEN LEVINE, JAY P.A. 2500 MILITARY TRAIL, STE 490 BOCA RATON, FL 33431 | | | 7. Name and Address of New Registered Agent | | |
| | | | 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 _____ (NOTE: Registered Agent signature required when reappointing) DATE _____ | | | | | |
| Filing Fee is \$61.25 Due by May 1, 2007 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| | | | | Make check payable to Florida Department of State | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
| TITLE | SD | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | BERLIN, MARTIN | | NAME | | |
| STREET ADDRESS | 9072 SILVER GLEN WAY | | STREET ADDRESS | | |
| CITY-ST-ZIP | LAKE WORTH, FL 33467 | | CITY-ST-ZIP | | |
| TITLE | PD | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | RINKER, AARON | | NAME | | |
| STREET ADDRESS | 9211 CITRUS ISLE LANE | | STREET ADDRESS | | |
| CITY-ST-ZIP | LAKE WORTH, FL 33467 | | CITY-ST-ZIP | | |
| TITLE | TD | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | WILLIAMS, LANCELOT | | NAME | | |
| STREET ADDRESS | 9132 SILVER GLEN WAY | | STREET ADDRESS | | |
| CITY-ST-ZIP | LAKE WORTH, FL 33467 | | CITY-ST-ZIP | | |
| TITLE | VPD | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | KIRK, SHAUN | | NAME | | |
| STREET ADDRESS | 9186 SILVER GLEN WAY | | STREET ADDRESS | | |
| CITY-ST-ZIP | LAKE WORTH, FL 33467 | | CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:  | | | 5-2-07 | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | Date | | |
| | | | Daytime Phone # | | |