
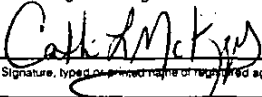
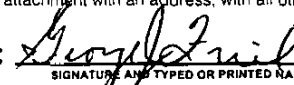


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 21, 2006 8:00 am
Secretary of State

03-21-2006 90031 022 ****61.25

DOCUMENT # N00000004433 1. Entity Name SILVER LAKES OF PASCO HOMEOWNERS' ASSOCIATION, INC.					
Principal Place of Business 150 OXFORD ROAD STE 140 FERN PARK, FL			Mailing Address PO BOX 300789 FERN PARK, FL 32730-0789		
2. Principal Place of Business P. O. Box 1632		3. Mailing Address P. O. Box 1632			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Land O' Lakes, FL		City & State Land O' Lakes, FL		4. FEI Number 59-3661751	
Zip 34639		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BAKER, PETER 500 E BLVD STE 200C TAMPA, FL 33602			7. Name and Address of New Registered Agent Name Cathie L. McKenzie Street Address (P.O. Box Number is Not Acceptable) 6447 Fletch Road City Land O' Lakes FL Zip Code 34637		
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 		Cathie L. McKenzie, Secretary/Treasurer March 15, 2006 <small>(NOTE: Registered Agent signature required when reinstating)</small>			
Filing Fee is \$61.25 Due by May 1, 2006		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 NAME STREET ADDRESS CITY-ST-ZIP	DP FRIEL, GEORGE J 21604 SILVER BAY PLACE LAND O'LAKES, FL 34637	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST Cathie L. McKenzie 6447 Fletch Road Land O' Lakes, FL 34637
<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ELIFSON, JOHN R 21527 SILVER BAY PLACE LAND O'LAKES, FL 34637	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RUSSELL, JOHN D 21637 SILVER BAY PL LAND O'LAKES, FL 34637	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST RIDGWAY, JANET L 150 OXFORD RD STE 140 FERN PARK, FL 32730	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
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: 		George J. Friel, President		March 15, 2006	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>		<small>Daytime Phone #</small>	