

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 08, 2007 8:00 am**  
**Secretary of State**

01-08-2007 90250 020 \*\*\*\*61.25

**DOCUMENT # N00000004433**

1. Entity Name  
**SILVER LAKES OF PASCO HOMEOWNERS'  
ASSOCIATION, INC.**



Principal Place of Business  
**P.O. BOX 1632  
LAND O LAKES, FL 34639 US**

Mailing Address  
**P.O. BOX 1632  
LAND O LAKES, FL 34639 US**

400000001



2. Principal Place of Business - No P.O. Box #  
**6447 Fletch Road**  
Suite, Apt. #, etc.

3. Mailing Address  
**Same as above.**  
Suite, Apt. #, etc.

01042007 Chg-NP CR2E037 (12/06)

City & State  
**Land O' Lakes, FL**

City & State

4. FEI Number  
**59-3661751**

Applied For  
Not Applicable

Zip  
**34637**

Country  
**USA**

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**MCKENZIE, CATHIE L  
6447 FLETCH ROAD  
LAND O LAKES, FL 34637**

**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: *Cathie L. McKenzie*

**Cathie L. McKenzie, Director**

**1/5/07**

Signature, name or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**Make check payable to  
Florida Department of State**

**10. OFFICERS AND DIRECTORS**

TITLE  
**DP** ☒ Delete  
NAME  
**FRIEL, GEORGE J**  
STREET ADDRESS  
**21604 SILVER BAY PLACE**  
CITY-ST-ZIP  
**LAND O'LAKES, FL 34637**

TITLE  
**D** ☒ Delete  
NAME  
**ELIFSON, JOHN R**  
STREET ADDRESS  
**21527 SILVER BAY PLACE**  
CITY-ST-ZIP  
**LAND O'LAKES, FL 34637**

TITLE  
**D** ☒ Delete  
NAME  
**RUSSELL, JOHN D**  
STREET ADDRESS  
**21637 SILVER BAY PL**  
CITY-ST-ZIP  
**LAND O'LAKES, FL 34637**

TITLE  
**DST** ☐ Delete  
NAME  
**MCKENZIE, CATHIE L**  
STREET ADDRESS  
**6447 FLETCH ROAD**  
CITY-ST-ZIP  
**LAND O LAKES, FL 34637**

TITLE  
☐ Delete  
NAME  
  
STREET ADDRESS  
  
CITY-ST-ZIP

TITLE  
☐ Delete  
NAME  
  
STREET ADDRESS  
  
CITY-ST-ZIP

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE  
**DP** ☐ Change ☒ Addition  
NAME  
**Canalungo, Angela**  
STREET ADDRESS  
**6428 Barcellona Road**  
CITY-ST-ZIP  
**Land O' Lakes, FL 34637**

TITLE  
**DVP** ☐ Change ☒ Addition  
NAME  
**Lucas, Daniel**  
STREET ADDRESS  
**21542 Silver Bay Place**  
CITY-ST-ZIP  
**Land O' Lakes, FL 34637**

TITLE  
**DS** ☐ Change ☒ Addition  
NAME  
**Acosta, Diana**  
STREET ADDRESS  
**21635 McCallie Court**  
CITY-ST-ZIP  
**Land O' Lakes, FL 34637**

TITLE  
☐ Change ☐ Addition  
NAME  
  
STREET ADDRESS  
  
CITY-ST-ZIP

TITLE  
☐ Change ☐ Addition  
NAME  
  
STREET ADDRESS  
  
CITY-ST-ZIP

TITLE  
☐ Change ☐ Addition  
NAME  
  
STREET ADDRESS  
  
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: *Cathie L. McKenzie*

**Cathie L. McKenzie**

**1/5/07**

**813-831-8870**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #