2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 24, 2009
Secretary of State

DOCUMENT# N00000004433

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

Current Principal Place of Business:

21527 SILVER BAY PLACE
LAND O LAKES, FL 34637 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1632
LAND O LAKES, FL 34639 US

New Mailing Address:

FEI Number: 59-3661751 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ELIFSON, JOHN R
21527 SILVER BAY PLACE
LAND O LAKES, FL 34637 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: DP ( ) Delete
Name: SCHLEYER, BETSY
Address: 6334 FLETCH ROAD
City-St-Zip: LAND O"LAKES, FL 34637

Title: DVP ( ) Delete
Name: LUCAS, DANIEL
Address: 21542 SILVER BAY PLACE
City-St-Zip: LAND O"LAKES, FL 34637

Title: DS ( ) Delete
Name: FRANDSEN, JANICE A
Address: 6403 FLETCH ROAD
City-St-Zip: LAND O"LAKES, FL 34637

Title: DT ( ) Delete
Name: ELIFSON, JOHN R
Address: 21527 SILVER BAY PLACE
City-St-Zip: LAND O LAKES, FL 34637

Title: DAL ( ) Delete
Name: TOMINICA, DONALD
Address: 6425 FLETCH ROAD
City-St-Zip: LAND O' LAKES, FL 34637

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

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: JOHN R ELIFSON TREA 01/24/2009

Electronic Signature of Signing Officer or Director — Date