


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2007 08:00 AM
Secretary of State

DOCUMENT # N00000007586

1. Entity Name
SILVER PALMS COMMUNITY ASSOCIATION, INC.



Principal Place of Business 501 SILVER PALMS CIRCLE DAVENPORT, FL 33837	Mailing Address 501 SILVER PALMS CIRCLE DAVENPORT, FL 33837
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02182007 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-3739682	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**GOOLSBY, JEAN
 501 SILVER PALMS CIR
 DAVENPORT, FL 33837**

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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 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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HUFF, JO 418 SILVER PALMS CIRCLE DAVENPORT, FL 33837
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V STEPHEN, CHERLY 386 SILVER PALMS CIRCLE DAVENPORT, FL 33837
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST GOOLSBY, JEAN 501 SILVER PALMS CIRCLE DAVENPORT, FL 33837
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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: Jean A Goolsby JEAN Goolsby 3/26/07 863-221-6542

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #