

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000000669

FILED
Apr 30, 2006
Secretary of State

Entity Name: SILVERGLEN ESTATES HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

4400 BAYOU BLVD SUITE 35
PENSACOLA, FL 32503

New Principal Place of Business:

Current Mailing Address:

4400 BAYOU BLVD SUITE 35
PENSACOLA, FL 32503

New Mailing Address:

FEI Number: 59-3723378

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHALK, WESLEY
4400 BAYOU BLVD STE 35
PENSACOLA, FL 32503 US

Name and Address of New Registered Agent:

LONGWELL, TINA
4400 BAYOU BLVD STE 35
PENSACOLA, FL 32503 US

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: TINA LONGWELL

04/30/2006

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: MILLER, MATT
Address: 1277 PLATA CANADA DR
City-St-Zip: CANTONMENT, FL 32533

Title: S () Delete
Name: FREEMAN, LAURA
Address: 1278 PLATA CANADA DR
City-St-Zip: CANTONMENT, FL 32533

Title: T () Delete
Name: HULL, SHELLY
Address: 1225 PLATA CANADA DR
City-St-Zip: CANTONMENT, FL 32533

Title: D () Delete
Name: STUMPF, JOHN
Address: 1231 PLATA CANADA DR
City-St-Zip: CANTONMENT, FL 32533

Title: D () Delete
Name: SHOWALTER, TRICIA
Address: 107 BOSQUE COURT
City-St-Zip: CANTONMENT, FL 32533

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 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 STUMPF

D

04/30/2006

Electronic Signature of Signing Officer or Director

Date