## →2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT # N01000007484**

1. Entity Name

OAKMONT AT SILVER LAKE RESIDENTS ASSOCIATION, INC.



Principal Place of Business

OAKMONT AT SILVER LAKE SUBDIVISION PLEASANT VIEW DRIVE

LEESBURG, FL 34788

Mailing Address

10414 PLEASANT VIEW DR. C/O MARK EMERY LEESBURG, FL 34788 FILED Jan 24, 2008 08:00 Al Secretary of State



DO	NOT	WRITE	IN THIS	SPACE
UU.	1101			JIAUL

01112008 No Chg-NP CR2E

CR2E037 (4/06)

4. FEI Number 01-0599048

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

352-728

6. Name and Address of Current Registered Agent

changed, or on an attachment with an address, with all other like empowered

SIGNATURE AND TYPED OR PRINTED NAME OF

SIGNATURE:

EMÉRY, MARK 10414 PLEASANT VIEW DR. LEESBURG, FL 34788

## DO NOT WRITE IN THIS SPACE

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 Signature upper 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, 2008	Election Campaign Financ Trust Fund Contribution.	ing 🔲	\$5.00 May Be Added to Fees					
10.	OFFICERS AND DIREC	TORS			,				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD EMERY, MARK 10414 PLEASANT VIEW DR. LEESBURG, FL 34788				U00000794945 01/28/08-80028-004 61.25				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MULLEN, ALICIA 10427PLEASANT VIEW DRIVE LEESBURG, FL 34788				51.25				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP D RAMOS, RYAN 10342 PLEASANT VIEW DRIVE LEESBURG, FL 34788			DO	NOT WRITE				
TITLE NAME STREET ADDRESS CITY-ST-ZIP				· IN	THIS SPACE				
TITLE NAME STREET ADDRESS CITY-ST-ZIP									
TITLE NAME STREET ADDRESS CITY-ST-ZIP			•						
12. I hereby certify that the information supplied with this filling 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 eath; 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									

ING OFFICER OR DIRECTOR