

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 09, 2004 8:00 am
Secretary of State

03-09-2004 90054 016 ****61.25

DOCUMENT # N02636

1. Entity Name

SILVER LAKE MOBILE HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business

**4000 24 STREET NORTH
PARK OFFICE
ST. PETERSBURG FL 33714
US**

Mailing Address

**4000 24 STREET NORTH
PARK OFFICE
ST. PETERSBURG FL 33714
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2398469

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**LORAINÉ DONALDSON
4000 24 STREET NORTH
LOT 1013
ST. PETERSBURG FL 33714**

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 *Loraine Donaldson*
Signature, typed or printed name of registered agent and title if applicable.

LORAINÉ DONALDSON

3-5-04

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2004**

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 **P** ☐ Delete
NAME **COX, ELMER**
STREET ADDRESS **4000 24 ST. N LOT 525**
CITY-ST-ZIP **ST. PETERSBURG FL**

TITLE **V** ☒ Delete
NAME **HOUGH, WES**
STREET ADDRESS **4000 24TH ST. N LOT 616**
CITY-ST-ZIP **ST. PETERSBURG FL**

TITLE **T** ☐ Delete
NAME **DONALDSON, LORAINÉ**
STREET ADDRESS **400 24 ST N LOT 1013**
CITY-ST-ZIP **SAINT PETERSBURG FL 33714**

TITLE **S** ☐ Delete
NAME **POLLEY, MAY**
STREET ADDRESS **4000 24 STREET N, LOT 1021**
CITY-ST-ZIP **ST. PETERSBURG FL**

TITLE **D** ☐ Delete
NAME **GATES, SANDY**
STREET ADDRESS **4000 24TH STREET N LOT 1001**
CITY-ST-ZIP **SAINT PETERSBURG FL 33714**

TITLE **D** ☐ Delete
NAME **BUCHMAN, MARY**
STREET ADDRESS **4000 24 ST. N LOT 1008**
CITY-ST-ZIP **SAINT PETERSBURG FL 33714**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE **V** ☒ Change ☐ Addition
NAME **DAVID SHEPPARD**
STREET ADDRESS **4000 24th ST N. LOT 1415**
CITY-ST-ZIP **ST. PETERSBURG, FL 33714**

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

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 exemption stated in Section 119.07(3)(i), 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: *Loraine Donaldson* **LORAINÉ DONALDSON TREA** **3-5-04**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #