

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 01, 2006 8:00 am**  
**Secretary of State**

03-01-2006 90023 026 \*\*\*\*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

1st MOORE

CR2E037 (10/05)

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

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

7. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2006**

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 **VP** ☒ Delete  
NAME **HALL, FRANK**  
STREET ADDRESS **4000 24TH STREET N LOT 574**  
CITY-ST-ZIP **SAINT PETERSBURG FL 33714**

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

TITLE **S** ☐ Delete  
NAME **VANSIVER, MURIEL**  
STREET ADDRESS **4000 24 TH STREET LOT 1016**  
CITY-ST-ZIP **SAINT PETERSBURG FL 33714**

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 **p** ☐ Change ☐ Addition  
NAME **Frank Hall**  
STREET ADDRESS **4000 24 St. N Lot 574**  
CITY-ST-ZIP **St. Pete Isburg FL**

TITLE **VP** ☐ Change ☐ Addition  
NAME **Ralph Mansavage**  
STREET ADDRESS **4000 24 St. N. Lot 617**  
CITY-ST-ZIP **St. Pete Isburg FL**

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 exemptions contained in Section 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:** *Loraine Donaldson* **LORAIN DONALDSON 2-21-06 0102**

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