


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jun 28, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N02636</b> 1. Entity Name SILVER LAKE MOBILE HOMEOWNERS ASSOCIATION, INC.	
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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
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<b>DO NOT WRITE IN THIS SPACE</b>
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05242007 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-2398469	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  LORAIN DONALDSON 4000 24 STREET NORTH LOT 1013 ST. PETERSBURG, FL 33714
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<b>DO NOT WRITE IN THIS SPACE</b>
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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 reconstituting) \_\_\_\_\_ DATE \_\_\_\_\_

<b>Filing Fee is \$61.25 Due by September 14, 2007</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HALL, FRANK 4000 24 ST N LOT 574 SAINT PETERSBURG, FL 33714
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MANSAVAGE, RALPH 4000 24 ST N LOT 617 SAINT PETERSBURG, FL 33714
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T DONALDSON, LORAIN 400 24 ST N LOT 1013 SAINT PETERSBURG, FL 33714
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S VANSCIVER, MURIEL 4000 24 TH STREET LOT 1016 SAINT PETERSBURG, FL 33714
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GATES, SANDY 4000 24TH STREET N LOT 1001 SAINT PETERSBURG, FL 33714
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BUCHMAN, MARY JANE 4000 24 ST. N LOT 1008 SAINT PETERSBURG, FL 33714

<p>U00000786722 06/28/07-80002-006 61.25</p> <p><b>DO NOT WRITE IN THIS SPACE</b></p>
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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:** Muriel Van Sciver **MURIEL VANSCIVER** 6/26/07 727 527-5200  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #