

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2008 8:00 am
Secretary of State

04-09-2008 90030 036 ****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 - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-2398469	
5. Certificate of Status Desired				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LORRAINE 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 <u>Lorraine Donaldson</u> <u>LORRAINE DONALDSON</u> <u>4-5-2008</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HALL, FRANK 4000 24 ST N LOT 574 SAINT PETERSBURG, FL 33714	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MANSAVAGE, RALPH 4000 24 ST N LOT 617 SAINT PETERSBURG, FL 33714	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T DONALDSON, LORRAINE 400 24 ST N LOT 1013 SAINT PETERSBURG, FL 33714	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S VANSICVER, MURIEL 4000 24 TH STREET LOT 1016 SAINT PETERSBURG, FL 33714	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GATES, SANDY 4000 24TH STREET N LOT 1001 SAINT PETERSBURG, FL 33714	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BUCHMAN, MARY JANE 4000 24 ST. N LOT 1008 SAINT PETERSBURG, FL 33714	<input type="checkbox"/> Delete			
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DAVID SHEPPARD 4000 24 ST N LOT 1415 ST PETERSBURG FL 33714	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	RICHARD RICHARDS 4000 24 ST N LOT 270 ST PETERSBURG FL 33714	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
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: <u>Lorraine Donaldson</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<u>4-5-2008</u> <small>Date Daytime Phone #</small>	