2007 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

FILED Apr 23, 2007 8:00 am Secretary of State

04-23-2007 90045 041 ****61.25

DOCUMENT # N03000005689

1. Entity Name SILVER LAKE MEADOWS PROPERTY OWNERS ASSOCIATION, INC.



40000

Principal Place of Business 9760 FAIRWAY CIRCLE LEESBURG, FL 34788

City & State

Zip

Mailing Address PO BOX 490873 LEESBURG, FL 34749

2. Principal Place of Business - No P.O. Box #	3. Mailing Address	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	04182007 Chg-NP CR2E037 (12/06)
City & State	City & State	4. FEI Number Applied For

Country Country Zio 5. Certificate of Status Desired

Not Applicable \$8.75 Additional

Fee Required

6. Name and Address of Current Registered Agent

GARNER, JAMES R 9760 FAIRWAY CIRCLE LEESBURG, FL 34788

the obligations of registered agent.

Street Address (P.O. Box Number is Not Acceptable)
9542 MID SUMMER LANE

20-0883213

City LEESBURG 34788

7. Name and Address of New Registered Agent

	Filing Fee is \$61.25 Due by May 1, 2007	9. Election Campaign Finan Trust Fund Contribution.		\$5.00 May Be Added to Fees	Make check payable to Florida Department of State				
10.	OFFICERS AND DIRECTORS		11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP GARNER, JAMES R 9760 FAIRWAY CIRCLE LEESBURG, FL 34788	☐ Delete	TITLE NAME STREET ADDRESS CITY-S1-ZIP	DP GARNER, JAME 9542 MID SIN LEESBURG, FI		Change	Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS MUNN, DENISE 34041 VALENCIA DR LEESBURG, FL 34788	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	9536 MID SUM	IMER LANE	Change	Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT GARNER, SUZANNE 9760 FAIRWAY CIRCLE LEESBURG, FL 34788	☐ Delete	NAME STREET ADDRESS CITY-ST-ZIP	9542 MID SU	MMER LANE	Change	Addition		
NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		,,,,	Change	Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Change	Addition		
TITLE		☐ Delete	TITLE			☐ Change	Addition		

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

12. Thereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I turner 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.

STREET ADDRESS

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

arms R. Sterve SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #