

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000008385

FILED
Apr 05, 2007
Secretary of State

Entity Name: SILVER HAMMOCK PRESERVE PROPERTY OWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

PO BOX 1718
SILVER SPRINGS, FL 344891718

New Principal Place of Business:

NE 43RD LANE ROAD
SILVER SPRINGS, FL 34488

Current Mailing Address:

PO BOX 1718
SILVER SPRINGS, FL 344891718

New Mailing Address:

PO BOX 1718
SILVER SPRINGS, FL 344891718 US

FEI Number: 20-0316956

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NEWSOME, TERESA
5980 NE 57TH LOOP
SILVER SPRINGS, FL 34488 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: NEWSOME, TERESA
Address: 5980 NE 57TH LOOP
City-St-Zip: SILVER SPRINGS, FL 34488

Title: SD () Delete
Name: WOLFGTRAM, THERESA
Address: 4421 NW BLITCHTON RD
City-St-Zip: OCALA, FL 34482

Title: TD () Delete
Name: LATORRE, FRED
Address: 8 CHESTNUT COURSE
City-St-Zip: OCALA, FL 34472

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: SD (X) Change () Addition
Name: MURCHIE, SHEREE
Address: 6160 NE 43RD LANE ROAD
City-St-Zip: SILVER SPRINGS, FL 34488

Title: TD (X) Change () Addition
Name: LATORRE, FRED
Address: 7552 NE 26TH AVENUE
City-St-Zip: OCALA, FL 34479

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TERESA A. NEWSOME

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04/05/2007

Electronic Signature of Signing Officer or Director

Date