

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2008 8:00 am
Secretary of State

01-14-2008 90110 036 ****61.25

DOCUMENT # N04000002792
 1. Entity Name
 SILVER LEAF PROPERTY OWNERS ASSOCIATION, INC.



Principal Place of Business
 2653 STICKNEY POINT RD
 SARASOTA, FL 34231

Mailing Address
 2653 STICKNEY POINT RD
 SARASOTA, FL 34231

2. Principal Place of Business - No P.O. Box #
 5322 Silverleaf Lane
 Suite, Apt. #, etc.

3. Mailing Address
 PO Box 18027
 Suite, Apt. #, etc.

City & State
 Sarasota Florida

City & State
 Sarasota FL

Zip
 34233

Country
 USA

Zip
 34276

Country
 USA

40003789



01082008 Chg-NP CR2E037 (12/06)

4. FEI Number
 20-1843504

Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 EDWARDS, SHERYL A ESQUIRE
 1515 RINGLING BLVD., STE. 840
 SARASOTA, FL 34236

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25
Due by May 1, 2008

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	D	<input type="checkbox"/> Delete
NAME	WINTERROWD, DAVID	
STREET ADDRESS	2653 STICKNEY POINT RD	
CITY - ST - ZIP	SARASOTA, FL 34231	
TITLE	D	<input type="checkbox"/> Delete
NAME	WINTERROWD, JASON	
STREET ADDRESS	2653 STICKNEY POINT RD	
CITY - ST - ZIP	SARASOTA, FL 34231	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Winterrowd, David	
STREET ADDRESS	5322 Silverleaf Lane	
CITY - ST - ZIP	Sarasota FL 34233	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Winterrowd, Jason	
STREET ADDRESS	5352 Silverleaf Lane	
CITY - ST - ZIP	Sarasota FL 34233	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Montgomery, Robert	
STREET ADDRESS	5332 Silverleaf Lane	
CITY - ST - ZIP	Sarasota, FL 34233	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 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: David Winterrowd Director Date: 1/8/08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR