

**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**


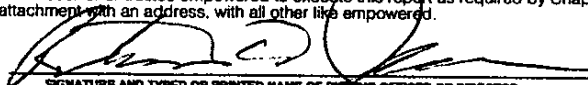
**FILED**  
**Mar 13, 2008 8:00 am**  
**Secretary of State**

03-13-2008 90035 013 \*\*\*\*70.00

40044614



01072008 Chg-NP CR2E037 (12/06)

<b>DOCUMENT # N04000003322</b>			
1. Entity Name <b>SILVERWOOD RESIDENTS ASSOCIATION, INC.</b>			
Principal Place of Business <b>SILVERWOOD HOMEOWNERS ASSOCIATION LEESBURG, FL 34788</b>		Mailing Address <b>34401 SHADEWOOD CIRCLE LEESBURG, FL 34788</b>	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address <b>10140 ROCKDALE DR</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <b>LEESBURG</b>		City & State <b>LEESBURG, FLORIDA</b>	
Zip <b>34788</b>	Country <b>LAKE</b>	Zip <b>34788</b>	Country <b>LAKE</b>
4. FEI Number <b>20-1213646</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
<b>HULETT, RICHARD D JR 34401 SHADEWOOD CIR LEESBURG, FL 34788</b>		Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P HULETT, RICHARD D JR 34401 SHADEWOOD CIR LEESBURG, FL 34788</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP EBBERT, SHARON 34309 SHADEWOOD CIR LEESBURG, FL 34788</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SEC BERNHARDT, GEORGIA 34413 SHADEWOOD CIR LEESBURG, FL 34788</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T LECLAIR, PATRICIA 34402 SHADEWOOD CIR LEESBURG, FL 34788</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input 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: 		Date: <b>2-28-08</b>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	