

2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED
Mar 19, 2009
Secretary of State**

DOCUMENT# N04000003322

Entity Name: SILVERWOOD RESIDENTS ASSOCIATION, INC.**Current Principal Place of Business:**10140 ROCKDALE DRIVE
LEESBURG, FL 34788**New Principal Place of Business:****Current Mailing Address:**10140 ROCKDALE DRIVE
LEESBURG, FL 34788**New Mailing Address:**

FEI Number: 20-1213646

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:HULETT, RICHARD D JR
34401 SHADEWOOD CIR
LEESBURG, FL 34788 US**Name and Address of New Registered Agent:**EBBERT, SHARON
34309 SHADEWOOD CIR
LEESBURG, FL 34788 US

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: SHARON EBBERT

03/19/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:Title: P () Delete
Name: EBBERT, SHARON
Address: 34309 SHADEWOOD CIRCLE
City-St-Zip: LEESBURG, FL 34788 USTitle: VP () Delete
Name: DEWITT, MICHAEL
Address: 34350 SHADEWOOD CIRCLE
City-St-Zip: LEESBURG, FL 34788 USTitle: SEC () Delete
Name: BERNHARDT, GEORGIA MRS
Address: 34413 SHADEWOOD CIR
City-St-Zip: LEESBURG, FL 34788 USTitle: T () Delete
Name: LECLAIR, PATRICIA
Address: 34402 SHADEWOOD CIR
City-St-Zip: LEESBURG, FL 34788 US**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**Title: () Change () Addition
Name:
Address:
City-St-Zip:Title: () Change () Addition
Name:
Address:
City-St-Zip:Title: () Change () Addition
Name:
Address:
City-St-Zip:Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: PATRICIA LECLAIR

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03/19/2009

Electronic Signature of Signing Officer or Director

Date