

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000003322

FILED
Mar 28, 2011
Secretary of State

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 (X)

Name and Address of Current Registered Agent:

EBBERT, SHARON
239 BLUE CYPRESS DRIVE
GROVELAND, FL., FL 34736 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: P
Name: EBBERT, SHARON
Address: 239 BLUE CYPRESS DRIVE
City-St-Zip: GROVELAND,, FL 34736 US

Title: VP
Name: DEWITT, MICHAEL
Address: 34350 SHADEWOOD CIRCLE
City-St-Zip: LEESBURG, FL 34788 US

Title: SEC
Name: BERNHARDT, GEORGIA MRS
Address: 34413 SHADEWOOD CIR
City-St-Zip: LEESBURG, FL 34788 US

Title: T
Name: LECLAIR, PATRICIA
Address: 34402 SHADEWOOD CIR
City-St-Zip: LEESBURG, FL 34788 US

Title: M
Name: OLSEN, OWEN
Address: 34443 SHADEWOOD CIRCLE
City-St-Zip: LEESBURG, FL 34788 US

Title: M
Name: SZELIGA, FRANK
Address: 34334 SHADEWOOD CIRCLE
City-St-Zip: LEESBURG, FL 34788 US

I hereby 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 all other like empowered.

SIGNATURE: PATRICIA M. LECLAIR

TREA

03/28/2011

Electronic Signature of Signing Officer or Director

Date