

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 12, 2005 8:00 am**  
**Secretary of State**

04-12-2005 90157 031 \*\*\*\*70.00

**DOCUMENT # N04000005632**

1. Entity Name  
**SILVER SANDS LAKE OWNERS ASSOCIATION, INC.**



Principal Place of Business  
**5834 SILVER SANDS CIRCLE  
&#65279;  
KEYSTONE HEIGHTS, FL 32656 US**

Mailing Address  
**5834 SILVER SANDS CIRCLE  
&#65279;  
KEYSTONE HEIGHTS, FL 32656 US**

20050170



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04012005 Chg-NP CR2E037 (10/03)

4. FEI Number

20-1230964

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**NEWELL, PAUL D  
260A LAWRENCE BLVD.  
SUITE 201  
KEYSTONE HEIGHTS, FL 32656**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2005**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D/P ☐ Delete  
NAME MATESZ, DONALD G  
STREET ADDRESS 5834 SILVER SANDS CIRCLE  
CITY-ST-ZIP KEYSTONE HEIGHTS, FL 32656

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D/V ☐ Delete  
NAME CARTER, ROBIN  
STREET ADDRESS 5628 SILVER SANDS CIRCLE  
CITY-ST-ZIP KEYSTONE HEIGHTS, FL 32656

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D/S ☐ Delete  
NAME FUNDERBURK, KATHY  
STREET ADDRESS 5678 SILVER SANDS CIRCLE  
CITY-ST-ZIP KEYSTONE HEIGHTS, FL 32656

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D/T ☐ Delete  
NAME STALLINGS, CAROLYN  
STREET ADDRESS 5616 SILVER SANDS CIRCLE  
CITY-ST-ZIP KEYSTONE HEIGHTS, FL 32656

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☐ Delete  
NAME LUNSFORD, BARBARA  
STREET ADDRESS 5816 SILVER SANDS CIRCLE  
CITY-ST-ZIP KEYSTONE HEIGHTS, FL 32656

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 the empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/14/05

Date

352-473-8277

Daytime Phone #

DONALD G. MATESZ