

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 30, 2007 08:00 AM
Secretary of State

DOCUMENT # N04000005632

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



Principal Place of Business
5834 SILVER SANDS CIRCLE
﻿
KEYSTONE HEIGHTS, FL 32656 US

Mailing Address
5834 SILVER SANDS CIRCLE
﻿
KEYSTONE HEIGHTS, FL 32656 US



04082007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

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

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

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IN THIS SPACE**

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, 2007

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

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

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D/T
STALLINGS, CAROLYN
5816 SILVER SANDS CIRCLE
KEYSTONE HEIGHTS, FL 32656

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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05/17/07-80045-008 70.00

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/15/07 352/473-8277