

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000005632

FILED
Jul 08, 2008
Secretary of State

Entity Name: SILVER SANDS LAKE OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

5834 SILVER SANDS CIRCLE
﻿|
KEYSTONE HEIGHTS, FL 32656 US

Current Mailing Address:

5834 SILVER SANDS CIRCLE
﻿|
KEYSTONE HEIGHTS, FL 32656 US

New Principal Place of Business:

5628 SILVER SANDS CIRCLE
﻿|
KEYSTONE HEIGHTS, FL 32656 US

New Mailing Address:

5628 SILVER SANDS CIRCLE
﻿|
KEYSTONE HEIGHTS, FL 32656 US

FEI Number: 20-1230964 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

NEWELL, PAUL D
260A LAWRENCE BLVD.
SUITE 201
KEYSTONE HEIGHTS, FL 32656 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: D/P () Delete
Name: MATESZ, DONALD G
Address: 5834 SILVER SANDS CIRCLE
City-St-Zip: KEYSTONE HEIGHTS, FL 32656 US

Title: D/VP () Delete
Name: CARTER, ROBIN
Address: 5628 SILVER SANDS CIRCLE
City-St-Zip: KEYSTONE HEIGHTS, FL 32656 US

Title: D/S () Delete
Name: FUNDERBURK, KATHY
Address: 5678 SILVER SANDS CIRCLE
City-St-Zip: KEYSTONE HEIGHTS, FL 32656 US

Title: D/T () Delete
Name: STALLINGS, CAROLYN
Address: 5616 SILVER SANDS CIRCLE
City-St-Zip: KEYSTONE HEIGHTS, FL 32656 US

Title: D () Delete
Name: LUNSFORD, BARBARA
Address: 5816 SILVER SANDS CIRCLE
City-St-Zip: KEYSTONE HEIGHTS, FL 32656 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D/P (X) Change () Addition
Name: CARTER, ROBIN S
Address: 5628 SILVER SANDS CIRCLE
City-St-Zip: KEYSTONE HEIGHTS, FL 32656 US

Title: D/VP (X) Change () Addition
Name: ERICKSON, STEVEN L
Address: 5632 SILVER SANDS CIRCLE
City-St-Zip: KEYSTONE HEIGHTS, FL 32656 US

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: ROBIN S CARTER

D/P

07/08/2008

Electronic Signature of Signing Officer or Director

Date