

# 2011 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N04000005632

FILED  
Mar 01, 2011  
Secretary of State

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

**Current Principal Place of Business:**

5628 SILVER SANDS CIRCLE  
&#65279;I  
KEYSTONE HEIGHTS, FL 32656 US

**Current Mailing Address:**

5628 SILVER SANDS CIRCLE  
&#65279;I  
KEYSTONE HEIGHTS, FL 32656 US

**New Principal Place of Business:**

5632 SILVER SANDS CIRCLE  
I»J  
KEYSTONE HEIGHTS, FL 32656 US

**New Mailing Address:**

5632 SILVER SANDS CIRCLE  
I»J  
KEYSTONE HEIGHTS, FL 32656 US

**FEI Number:** 20-1230964

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**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:**

ERICKSON, STEVEN L  
5632 SILVER SANDS CIRCLE  
KEYSTONE HEIGHTS, FL 32656 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: STEVEN L ERICKSON

03/01/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D/P  
Name: ERICKSON, STEVEN L  
Address: 5632 SILVER SANDS CIRCLE  
City-St-Zip: KEYSTONE HEIGHTS, FL 32656 US

Title: D/V  
Name: COOPER, SHARON M  
Address: 5638 SILVER SANDS CIRCLE  
City-St-Zip: KEYSTONE HEIGHTS, FL 32656 US

Title: D/S  
Name: STALLINGS, CARYLON  
Address: 5616 SILVER SANDS CIRCLE  
City-St-Zip: KEYSTONE HEIGHTS, FL 32656 US

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

Title: D  
Name: LUNSFORD, BARBARA  
Address: 5816 SILVER SANDS CIRCLE  
City-St-Zip: KEYSTONE HEIGHTS, FL 32656 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: STEVEN L ERICKSON

D/P

03/01/2011

Electronic Signature of Signing Officer or Director

Date