

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2007 8:00 am
Secretary of State

04-19-2007 90184 039 ****61.25

DOCUMENT # N04000008578 1. Entity Name SYLVANA ACRES HOMEOWNER'S ASSOCIATION INC.			
Principal Place of Business 1012 ARIANA BLVD AUBURNDALE, FL 33823		Mailing Address 1012 ARIANA BLVD AUBURNDALE, FL 33823	
2. Principal Place of Business - No P.O. Box # 130 Bates Ave SW		3. Mailing Address 130 BATES Ave, SW	
Suite, Apt. #, etc. 450 Security Sq.		Suite, Apt. #, etc. 450 Security Sq.	
City & State Winter Haven FL		City & State Winter Haven FL	
Zip 33880		Zip 33880	
Country 		Country 	
4. FEI Number 20-1595760		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WATSON, DAVID J 1012 ARIANA BLVD AUBURNDALE, FL 33823		7. Name and Address of New Registered Agent Name Jeannette Dwyer Street Address (P.O. Box Number is Not Acceptable) 100 SYLVANA CT City Auburndale FL Zip Code 33823	
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 <u><i>Linda F. Read</i></u> 4-17-07 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 NAME STREET ADDRESS CITY-ST-ZIP	P WATSON, DAVID J 1012 ARIANA BLVD. AUBURNDALE, FL 33823	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
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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 the empowered.			
SIGNATURE: <u><i>Linda F. Read</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <u>4-17-07</u> Daytime Phone # <u>967-2748</u>	

LINDA F. READ

We are filing an amendment.