

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jul 20, 2004 8:00 am**  
**Secretary of State**

05-06-2004 90187 029 \*\*\*\*61.25

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MOORE CR2E037 (11/03)

<b>DOCUMENT # N04200</b> 1. Entity Name <b>THE SILVERBELL ASSOCIATION, INC.</b>					
Principal Place of Business <b>4418 GLENN'S LANDING WINTER HAVEN FL 33884</b>			Mailing Address <b>4418 GLENN'S LANDING WINTER HAVEN FL 33884</b>		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State Zip Country			City & State Zip Country		
4. FEI Number <b>59-2431022</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>RICHARDSON, KAREN 4418 GLENN'S LANDING WINTER HAVEN FL 33884</b>				7. Name and Address of New Registered Agent <del>Christopher Caldwell</del> <del>805 Orchid Springs Drive</del> <del>Winter Haven, FL 33884</del>	
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>Karen Richardson</u> <span style="float: right;">4/30/04</span> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW: FEE IS \$61.25</b> <b>Due By: May 1, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make Check Payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS					
TITLE	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	RICHARDSON, KAREN		STREET ADDRESS	4418 GLENN'S LANDING	
CITY - ST - ZIP	WINTER HAVEN FL 33884		CITY - ST - ZIP	WINTER HAVEN FL 33884	
TITLE	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CAULDWELL, J. CHRISTOPHER		STREET ADDRESS	809 ORCHID SPRINGS DRIVE	
CITY - ST - ZIP	WINTER HAVEN FL 33884		CITY - ST - ZIP	WINTER HAVEN FL 33884	
TITLE	NAME	<input checked="" type="checkbox"/> Delete	TITLE	NAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	WILLIAMS, LARRY		STREET ADDRESS	805 Orchid Springs Drive	
CITY - ST - ZIP	WINTER HAVEN FL 33884		CITY - ST - ZIP	Winter Haven, FL 33884	
TITLE	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			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 like empowered.					
SIGNATURE <u>Karen B. Richardson</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date <u>4/30/04</u> <small>Daytime Phone #</small>	

*Remain the same*