

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 25, 2008 8:00 am**  
**Secretary of State**

04-25-2008 90168 001 \*\*\*122.50

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04072008 Chg-NP CR2E037 (12/06)

<b>DOCUMENT # N07000008675</b> 1. Entity Name <b>FOREST AT SILVER LAKE HOMEOWNERS ASSOCIATION, INC.</b>					
Principal Place of Business <b>300 COLONIAL CENTER PARKWAY SUITE 200 LAKE MARY, FL 32756</b>			Mailing Address <b>300 COLONIAL CENTER PARKWAY SUITE 200 LAKE MARY, FL 32756</b>		
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.		4. FEI Number  5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent  <b>WILLS, ERIC 300 COLONIAL CENTER PARKWAY SUITE 200 LAKE MARY, FL 32756</b>		7. Name and Address of New Registered Agent Name <b>Lewis, Jay C.</b> Street Address (P.O. Box Number Not Acceptable) <b>300 Colonial Center Pkwy, Ste. 200</b> <b>Lake Mary</b> City <b>FL</b> Zip Code <b>32746</b>			
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  DATE <b>4/7/08</b> <small>Signature, printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2008</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>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WILLS, ERIC 300 COLONIAL CENTER PARKWAY SUITE 200 LAKE MARY, FL 32756 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Lewis, Jay C. 300 Colonial Center Pkwy, Ste. 200 Lake Mary, FL 32746 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ANDERSON, KATIE 300 COLONIAL CENTER PARKWAY SUITE 200 LAKE MARY, FL 32756 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Anderson, Katie 300 Colonial Center Pkwy, Ste. 200 Lake Mary, FL 32746 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DRIVER, BEN 300 COLONIAL CENTER PARKWAY SUITE 200 LAKE MARY, FL 32756 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST Campbell, Justin 300 Colonial Center Pkwy, Ste. 200 Lake Mary, FL 32746 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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:		4-7-08 (407) 531-5100			
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>			