

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000005176

FILED  
Jan 05, 2009  
Secretary of State

Entity Name: SILVER LAKE RESIDENTS ASSOC. INC.

## Current Principal Place of Business:

5102 CINDERLANE PKWY #326  
ORLANDO, FL 32808

## New Principal Place of Business:

## Current Mailing Address:

5102 CINDERLANE PKWY #326  
ORLANDO, FL 32808

## New Mailing Address:

FEI Number: 80-0187870

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

SCOTT, FRANCIS  
5102 CINDERLANE PKWY #326  
ORLANDO, FL 32808 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: P ( ) Delete  
Name: SCOTT, FRANCIS  
Address: 5102 CINDERLANE PKWY #326  
City-St-Zip: ORLANDO, FL 32808

Title: D ( ) Delete  
Name: PARRA, ELUGIO  
Address: 5102 CINDERLANE PKWY #235  
City-St-Zip: ORLANDO, FL 32808

Title: V ( ) Delete  
Name: ARROYO, BERTA  
Address: 5102 CINDERLANE PKWY #201  
City-St-Zip: ORLANDO, FL 32808

Title: S ( ) Delete  
Name: JONES, SANDRA  
Address: 5102 CINDERLANE PKWY #105  
City-St-Zip: ORLANDO, FL 32808

Title: T ( ) Delete  
Name: RICE, KAREN  
Address: 5102 CINDERLANE PKWY #133  
City-St-Zip: ORLANDO, FL 32808

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D (X) Change ( ) Addition  
Name: BENITEZ, GRASI S  
Address: 5102 CINDERLANE PKWY #335  
City-St-Zip: ORLANDO, FL 32808

Title: V (X) Change ( ) Addition  
Name: MAHER, SARAH  
Address: 5102 CINDERLANE PKWY #219  
City-St-Zip: ORLANDO, FL 32808

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: B M (X) Change ( ) Addition  
Name: GONZALES, RUTH  
Address: 5102 CINDERLANE PKWY #207  
City-St-Zip: ORLANDO, FL 32808

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: SANDRA JONES

S

01/05/2009

Electronic Signature of Signing Officer or Director

Date