

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N15524

FILED  
Apr 13, 2005  
Secretary of State

Entity Name: SELVA LAKES ASSOCIATION, INC.

## Current Principal Place of Business:

454 SELVA LAKES CIRCLE  
ATLANTIC BEACH, FL 32233 US

## New Principal Place of Business:

## Current Mailing Address:

P.O. BOX 331365  
ATLANTIC BEACH, FL 32233 US

## New Mailing Address:

FEI Number: 59-2846452

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

RIGBY, CELIA  
527 SELVA LAKES CIRCLE  
ATLANTIC BEACH, FL 32233 US

## Name and Address of New Registered Agent:

ALLEN, JANET  
1007 BIG PINE KEY  
ATLANTIC BEACH, FL 32233 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: JANET ALLEN

04/13/2005

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: RIGBY, CELIA  
Address: 527 SELVA LAKES CIRCLE  
City-St-Zip: ATLANTIC BEACH, FL 32233

Title: VD ( ) Delete  
Name: ABDULLAH, ANITA  
Address: 494 SELVA LAKES CIRCLE  
City-St-Zip: ATLANTIC BEACH, FL 32233

Title: TD ( ) Delete  
Name: FARRA, GABE  
Address: 552 PELICAN KEY  
City-St-Zip: ATLANTIC BEACH, FL 32233

Title: SD ( ) Delete  
Name: ALLEN, JANET  
Address: 1007 BIG PINE KEY  
City-St-Zip: ATLANTIC BEACH, FL 32233

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: ALLEN, JANET  
Address: 1007 BIG PINE KEY  
City-St-Zip: ATLANTIC BEACH, FL 32233

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

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

Title: SD (X) Change ( ) Addition  
Name: YOUNG, LAURA  
Address: 1027 BIG PINE KEY  
City-St-Zip: ATLANTIC BEACH, FL 32233

I hereby certify that the information supplied with this filing does not qualify for the 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 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: GABRIEL FARRA

TD

04/13/2005

Electronic Signature of Signing Officer or Director

Date