

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N15524

FILED
Mar 11, 2008
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:

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

Title: VD () Delete
Name: YOUNG, LAURA
Address: 1027 BIG PINE KEY
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: FRITTS, SARAH
Address: 435 OSPREY KEY
City-St-Zip: ATLANTIC BEACH, FL 32233

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

Title: SD (X) Change () Addition
Name: HICKEY, SARAH
Address: 435 OSPREY KEY
City-St-Zip: ATLANTIC BEACH, FL 32233

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: GABRIEL FARRA

TD

03/11/2008

Electronic Signature of Signing Officer or Director

Date