

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 07, 2006
Secretary of State

DOCUMENT# N17860

Entity Name: SILVER LAKES WEST HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

2180 WEST SR 434
SUITE 5000
LONGWOOD, FL 327795004

New Principal Place of Business:

Current Mailing Address:

2180 WEST SR 434
SUITE 5000
LONGWOOD, FL 327795004

New Mailing Address:

FEI Number: 59-2877232 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HART, JAMES W JR.
SENTRY MANAGEMENT INC.
2180 WEST SR., 434 STE 5000
LONGWOOD, FL 327795004 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: D () Delete
Name: BONCK, LIONEL
Address: 919 SILVERTON LP
City-St-Zip: LAKE MARY, FL 32746

Title: VPD () Delete
Name: MOORE, KATHY
Address: 893 SILVERSMITH CIR
City-St-Zip: LAKE MARY, FL 32746

Title: SD () Delete
Name: NYENHUIS, LAURA
Address: 904 SILVERSMITH CIR
City-St-Zip: LAKE MARY, FL 32746

Title: TD () Delete
Name: VERITY, JOHN
Address: 972 SILVERTON LP
City-St-Zip: LAKE MARY, FL 32746

Title: D () Delete
Name: WILKINS, KENT
Address: 740 SILVERSMITH CIR
City-St-Zip: LAKE MARY, FL 32746

Title: D () Delete
Name: MOORE, JAMES
Address: 893 SILVERSMITH CIR
City-St-Zip: LAKE MARY, FL 32746

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: SD (X) Change () Addition
Name: SMITH, DELLA
Address: 801 SILVERSMITH CIR
City-St-Zip: LAKE MARY, FL 32746

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

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

Title: PD (X) Change () Addition
Name: BONCK, LINDA
Address: 919 SILVERTON LP
City-St-Zip: LAKE MARY, FL 32746

I hereby certify that the information supplied with this filing does not qualify for the 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: LINDA BONCK

PD

03/07/2006

Electronic Signature of Signing Officer or Director

Date