

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N17860

FILED
Apr 03, 2009
Secretary of State

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: HILINSKI, TOM
Address: 852 SILVERSMITH CR
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: SMITH, DELLA
Address: 801 SILVERSMITH CIR
City-St-Zip: LAKE MARY, FL 32746

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

Title: D () Delete
Name: GWYNN, ANDREW
Address: 913 STILLWELL LANE
City-St-Zip: LAKE MARY, FL 32746

Title: DT () Delete
Name: BONCK, LINDA
Address: 919 SILVERTON LP
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: () Change () Addition
Name:
Address:
City-St-Zip:

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

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

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

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: JOHN VERITY

PD

04/03/2009

Electronic Signature of Signing Officer or Director

_____ Date