


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 08, 2006 8:00 am
Secretary of State

05-08-2006 90270 020 ****61.25

DOCUMENT # N19105	
1. Entity Name SILVERLEAF HOMEOWNERS' ASSOCIATION, INC.	

Principal Place of Business 3515 SILVERGATE WAY PENSACOLA FL 32504 US	Mailing Address SILVER LEAF HOMEOWNERS ASSOC INC P O BOX 30344 PENSACOLA FL 32503 US
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE CR2E037 (10/05)

4. FEI Number 59-3144698		Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent MITCHELL, MORGAN L 3515 SILVERGATE WAY PENSACOLA FL 32504	7. Name and Address of New Registered Agent Name: Kathryn E Rees Street Address (P.O. Box number is not acceptable) 4129 Argenta Way City: Pensacola FL Zip Code: 32504
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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Kathryn E. Rees* **Kathryn E. Rees** **Treasurer** **4-28-06**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing) DATE

FILE NOW: FEE IS \$61.25 Due By May 1, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD TAYLOR, WILLIAM 3508 SILVERGATE WAY PENSACOLA FL 32504	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Neel, Tommy President 4103 Argenta Way Pensacola, FL, 32504	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR MITCHELL, MORGAN 3515 SILVERGATE WAY PENSACOLA FL 32504	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Cheryl Tucker 4008 Coppertree Ln Pensacola, FL 32504	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD NEEL, TOMMY 4103 ARGENTA WAY PENSACOLA FL 32504	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Alan Bint 4106 Coppertree Ln Pensacola, FL 32504	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SMITH, CASSY 3513 SILVERGATE WAY PENSACOLA FL 32504	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR Kathryn Rees 4129 Argenta Way Pensacola, FL 32504	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Tommy L Neel* **Tommy L Neel** **President** **29 Apr 06** **850.565.0002**
Signature and typed or printed name of signing officer or director Date Date/Time/Phone #