

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N19105

FILED
Mar 10, 2008
Secretary of State

Entity Name: SILVERLEAF HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

4129 ARGENTA WAY
PENSACOLA, FL 32504 US

New Principal Place of Business:

Current Mailing Address:

SILVER LEAF HOMEOWNERS ASSOC INC
P O BOX 30344
PENSACOLA, FL 32503 US

New Mailing Address:

FEI Number: 59-3144698 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

REES, KATHRYN E
4129 ARGENTA WAY
PENSACOLA, FL 32504 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: P () Delete
Name: BINT, ALAN
Address: 4106 COPPERTREE LN
City-St-Zip: PENSACOLA, FL 32504

Title: SD () Delete
Name: TUCKER, CHERYL
Address: 4008 COPPERTREE LANE
City-St-Zip: PENSACOLA, FL 32504

Title: VD () Delete
Name: MADDON, JANIE
Address: 4000 COPPERTREE LANE
City-St-Zip: PENSACOLA, FL 32504

Title: T () Delete
Name: REES, KATHRYN
Address: 4129 ARGENTA WAY
City-St-Zip: PENSACOLA, FL 32504

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:

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: KATHRYN E. REES

T

03/10/2008

Electronic Signature of Signing Officer or Director

Date