# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Jun 17, 2009**
**Secretary of State**

DOCUMENT# N19105

**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 ( )**
**In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.**

**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 06/17/2009
Electronic Signature of Signing Officer or Director — Date