


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 20, 2007 8:00 am**  
**Secretary of State**

04-20-2007 90073 010 \*\*\*\*61.25

<b>DOCUMENT # N19494</b> 1. Entity Name <b>SILVER LAKE HOMEOWNERS ASSOCIATION, INC.</b>					
Principal Place of Business <b>5401 S KIRKMAN RD. STE. 450 ORLANDO, FL 32819 US</b>			Mailing Address <b>5401 S KIRKMAN RD. STE. 450 ORLANDO, FL 32819 US</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>59-2877230</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>COMMUNITY MANAGEMENT PROFESSIONALS, INC. 5401 S. KIRKMAN RD. #450 ORLANDO, FL 32819</b>				Name  Street Address (P.O. Box Number is Not Acceptable)  City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	td	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WIERMAN, JOHN		NAME	Bagley, Stephanie	
STREET ADDRESS	806 SILVER ROSE		STREET ADDRESS	958 Shriver Circle	
CITY-ST-ZIP	LAKE MARY, FL 32746		CITY-ST-ZIP	Lake Mary, FL 32746	
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE	JAKE BRAIN	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	COLVIN, RUSS		NAME	789 SILVERWOOD DR	
STREET ADDRESS	954 SHRIVER CIRCLE		STREET ADDRESS	LAKE MARY, FL 32746	
CITY-ST-ZIP	LAKE MARY, FL 32746		CITY-ST-ZIP	LAKE MARY, FL 32746	
TITLE	VPD	<input checked="" type="checkbox"/> Delete	TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MOONEY, KEVIN		NAME	MARGO UHLER	
STREET ADDRESS	846 SHRIVER CIRCLE		STREET ADDRESS	885 SILK OAK TERRACE	
CITY-ST-ZIP	LAKE MARY, FL 32746		CITY-ST-ZIP	LAKE MARY, FL 32746	
TITLE	DP	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SQUITIERI, ANTHONY		NAME	JAY FERNANDEZ	
STREET ADDRESS	769 SILVERWOOD DR		STREET ADDRESS	803 SILVER ROSE CT.	
CITY-ST-ZIP	LAKE MARY, FL 32746		CITY-ST-ZIP	LAKE MARY, FL 32746	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BREWER, JERRY		NAME	FERRY BREWER	
STREET ADDRESS	802 SILVER ROSE CT		STREET ADDRESS	802 SILVER ROSE CT	
CITY-ST-ZIP	LAKE MARY, FL 32746		CITY-ST-ZIP	LAKE MARY, FL 32746	
TITLE	STD	<input checked="" type="checkbox"/> Delete	TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WICKS, KIM		NAME	RAY SHEDDEN	
STREET ADDRESS	772 SILVERWOOD DR		STREET ADDRESS	962 SHRIVER CIRCLE	
CITY-ST-ZIP	LAKE MARY, FL 32746		CITY-ST-ZIP	LAKE MARY, FL 32746	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.					
<b>SIGNATURE:</b> <i>Stephanie Bagley</i> <b>STEPHANIE BAGLEY</b> 4/19/07 407 328 8891 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					