2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

Mar 15, 2006 8:00 am Secretary of State DOCUMENT # N22925 03-15-2006 90117 030 ****61.25 1. Entity Name SILVER ROSE HOMEOWNERS' ASSOCIATION, INC. Principal Place of Business Mailing Address % OFFICE SUPPORT SYSTEMS 20016470 C/O OFFICE SUPPORT SYSTEMS 753 S RANGER BLVD P.O. BOX 5717 WINTER PARK, FL 32792-4527 US WINTER PARK, FL 32793-5717 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01202006 Chg-NP CR2E037 (11/05) City & State 4. FEI Number 59-2880474 City & State Applied For Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired . ______ 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent FERRARA, WILLIAM G 753 SOUTH RANGER BOULEVARD Street Address (P.O. Box Number is Not Acceptable) WINTER PARK, FL 32792-4527 Zip Code 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing Filing Fee is \$61.25 \$5.00 May Be Make check payable to Due by May 1, 2006 Trust Fund Contribution. Florida Department of State Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. Delete TITLE TITLE Addition ☐ Change HOUGHTON, BARBARA NAME NAME STREET ADDRESS 344 STERLING ROSE COURT STREET ADDRESS APOPKA, FL 32703 CITY-ST-ZIP CITY-ST-ZIP TITLE STD Delete TITLE Сhange ☐ Addition KESKIN, SENDUR NAME NAME 232 STERLING ROSE COURT STREET ADDRESS STREET ADDRESS CITY-ST-ZIP APOPKA, FL 32703 CITY-ST-ZIP ☐ Delete TITLE TITLE Change ☐ Addition NEWBOLD, JOHN NAME NAME 368 STERLING ROSE COURT STREET ADDRESS STREET ADDRESS APOPKA, FL 32703 CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP □ Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITI F ☐ Delete TITLE ☐ Change ☐ Addition

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

CITY-ST-ZIP

NAME

STREET ADDRESS

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

John Newbold

401-618-6085

FILED