

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N22925

FILED
Apr 17, 2007
Secretary of State

Entity Name: SILVER ROSE HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

% OFFICE SUPPORT SYSTEMS
753 S RANGER BLVD
WINTER PARK, FL 327924527 US

Current Mailing Address:

C/O OFFICE SUPPORT SYSTEMS
P.O. BOX 5717
WINTER PARK, FL 327935717

New Principal Place of Business:

C/O OSS ASSOCIATION MANAGEMENT, INC.
753 S RANGER BLVD
WINTER PARK, FL 327924527 US

New Mailing Address:

C/O OSS ASSOCIATION MANAGEMENT, INC.
P.O. BOX 5717
WINTER PARK, FL 327935717

FEI Number: 59-2880474

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FERRARA, WILLIAM G
753 SOUTH RANGER BOULEVARD
WINTER PARK, FL 327924527 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: VD () Delete
Name: HOUGHTON, BARBARA
Address: 344 STERLING ROSE COURT
City-St-Zip: APOPKA, FL 32703

Title: STD () Delete
Name: KESKIN, SENDUR
Address: 232 STERLING ROSE COURT
City-St-Zip: APOPKA, FL 32703

Title: PD () Delete
Name: NEWBOLD, JOHN
Address: 368 STERLING ROSE COURT
City-St-Zip: APOPKA, FL 32703

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:

I hereby certify that the information supplied with this filing does not qualify for the 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: JOHN NEWBOLD

PD

04/17/2007

Electronic Signature of Signing Officer or Director

Date