

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N29892

FILED
Apr 20, 2009
Secretary of State

Entity Name: SILVER MEADOWS OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

4727 NE 60TH TERRACE
SILVER SPRINGS, FL 34488

New Principal Place of Business:

Current Mailing Address:

PO BOX 1890
SILVER SPRINGS, FL 34489

New Mailing Address:

FEI Number: 59-2990851

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FLANAGAN, GREG
2701 SE MARICAMPP RD.
STE. 104
OCALA, FL 34471 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: TD () Delete
Name: OLIGE, ALVIN
Address: 5323 NE 64 AVE
City-St-Zip: SILVER SPRINGS, FL 34488

Title: VPD () Delete
Name: MEANEY, LORI
Address: 5282 NE 64 AVE
City-St-Zip: SILVER SPRINGS, FL 34488

Title: PD () Delete
Name: TOTTEL, JACK
Address: 6233 NE 52 ST
City-St-Zip: SILVER SPRINGS, FL 34488

Title: D () Delete
Name: KERNER, LARRY
Address: 4860 NE 64 AVE
City-St-Zip: SILVER SPRINGS, FL 34488

Title: D () Delete
Name: SQUERI-REGA, KIM
Address: 4628 NE 60 TERR
City-St-Zip: SILVER SPRINGS, FL 34488

Title: SD () Delete
Name: SAMPSON, QUINN
Address: 5323 NE 64 AVE
City-St-Zip: SILVER SPRINGS, FL 34488

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VPD (X) Change () Addition
Name: VILAK, ROB
Address: 10471 SW 38TH AVE
City-St-Zip: OCALA, FL 34476

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: JACK TOTTEL

PRES

04/20/2009

Electronic Signature of Signing Officer or Director

Date