2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 13, 2007
Secretary of State

DOCUMENT# N34772

Entity Name: SILVERY LANE HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

2180 WEST SR 434
SUITE 5000
LONGWOOD, FL 327795044 US

New Principal Place of Business:

Current Mailing Address:

2180 WEST SR 434
SUITE 5000
LONGWOOD, FL 327795044 US

New Mailing Address:

FEI Number: 59-2977060 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HART, JAMES W JR
SENTRY MANAGEMENT, INC.
2180 WEST SR 434, SUITE 5000
LONGWOOD, FL 32779 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:	STD	(X) Delete
Name:	HOFFMAN, SUSAN	
Address:	3564 SILVERY LANE	
City-St-Zip:	JACKSONVILLE, FL 32217	
Title:	PD	( ) Delete
Name:	WARNER, DAN	
Address:	3644 SILVERY LANE	
City-St-Zip:	JACKSONVILLE, FL 32217	
Title:	VPD	( ) Delete
Name:	HARRIS, KATHY	
Address:	3636 SILVERY LN	
City-St-Zip:	JACKSONVILLE, FL 32217	
Title:		( ) Delete
Name:		
Address:		
City-St-Zip:		
Title:		( ) Delete
Name:		
Address:		
City-St-Zip:		
Title:		( ) Delete
Name:		
Address:		
City-St-Zip:		

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:	STD	( ) Change (X) Addition
Name:	CORBIN, JONATHAN	
Address:	3553 SILVERY LN	
City-St-Zip:	JACKSONVILLE, FL 32217	
Title:	D	( ) Change (X) Addition
Name:	SETZER, MELANIE	
Address:	3620 SILVERY LN	
City-St-Zip:	JACKSONVILLE, FL 32217	
Title:	D	( ) Change (X) Addition
Name:	CRENSHAW, SUE	
Address:	3540 SILVERY LN	
City-St-Zip:	JACKSONVILLE, FL 32217	

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: DAN WARNER PD 03/13/2007

Electronic Signature of Signing Officer or Director — Date