

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 06, 2005 8:00 am
Secretary of State

04-06-2005 90106 028 ****61.25

DOCUMENT # N34858

1. Entity Name
SYLVAN LAKES PROPERTY OWNER'S ASSOCIATION, INC.



Principal Place of Business
**5820 39 PL
VERO BEACH, FL 32966 US**

Mailing Address
**JERRY NEENAN
5820 39TH PLACE
VERO BEACH, FL 32966 US**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03112005 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number
65-0155123

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**EVANS, RALPH L
3355 OCEAN DR
VERO BCH, FL 32963**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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 reissuing)

DATE

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **P** ☐ Delete
NAME **ST ARNAULD, GARY**
STREET ADDRESS **3936 58TH CIRCLE**
CITY-ST-ZIP **VERO BEACH, FL 32966**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **T** ☐ Delete
NAME **NEENAN, GERRY**
STREET ADDRESS **5820 39TH PLACE**
CITY-ST-ZIP **VERO BEACH, FL 32966**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VP** ☒ Delete
NAME **MORGAN, BILL**
STREET ADDRESS **5835 39TH PLACE**
CITY-ST-ZIP **VERO BEACH, FL 32966**

TITLE **VP** ☐ Change ☒ Addition
NAME **NIPL, CINDY**
STREET ADDRESS **CF65-39TH LANE**
CITY-ST-ZIP **VERO BEACH, FL 32966**

TITLE **D** ☐ Delete
NAME **ANDERSON, BILL**
STREET ADDRESS **3940 58TH CIRCLE**
CITY-ST-ZIP **VERO BEACH, FL 32966**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **S** ☒ Delete
NAME **DUNCOMBE, KATHY**
STREET ADDRESS **3922 58TH CIRCLE**
CITY-ST-ZIP **VERO BEACH, FL 32966**

TITLE **S** ☒ Change ☒ Addition
NAME **SIVRAM, NANCY**
STREET ADDRESS **3931 58TH CIRCLE**
CITY-ST-ZIP **VERO BEACH, FL 32966**

TITLE **D** ☐ Delete
NAME **ALLEY, SCOTT**
STREET ADDRESS **5860 40TH LANE**
CITY-ST-ZIP **VERO BEACH, FL 32966**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.

SIGNATURE: *[Signature]* **GARY A. ST ARNAULD** **3/20/05** **772/878-9399**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #