

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N37441

FILED
Aug 01, 2008
Secretary of State

Entity Name: SILVER LAKE FOREST HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

33419 LAKE BEND CIRCLE
LEESBURG, FL 34788 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 895286
LEESBURG, FL 34789 US

New Mailing Address:

FEI Number: 59-3111272 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

STRAIGHT, MILTON
33419 LAKE BEND CIRCLE
LEESBURG, FL 34788 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: PRES () Delete
Name: STRAIGHT, MILTON
Address: 33419 LAKE BEND CIRCLE
City-St-Zip: LEESBURG, FL 34788

Title: VP () Delete
Name: THOMAS, WARREN
Address: 33342 LAKE BEND CIRCLE
City-St-Zip: LEESBURG, FL 347883690

Title: TRSR () Delete
Name: SCHWANDT, ARDEN
Address: 10045 SILVER BLUFF DR
City-St-Zip: LEESBURG, FL 34788

Title: SEC () Delete
Name: SHUMAN, GRETCHEN
Address: 33439 LAKE BEND CIRCLE
City-St-Zip: LEESBURG, FL 34788

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: () 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: ARDEN SCHWANDT

TRSR

08/01/2008

Electronic Signature of Signing Officer or Director

Date