

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N37945

FILED
Apr 16, 2007
Secretary of State

Entity Name: SILVER GLEN HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

2180 WEST SR 434
SUITE 5000
LONGWOOD, FL 32779 US

New Principal Place of Business:

Current Mailing Address:

2180 WEST SR 434
SUITE 5000
LONGWOOD, FL 32779 US

New Mailing Address:

FEI Number: 59-3051306

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 W SR 434 STE 5000
LONGWOOD, FL 327795044 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: D () Delete
Name: WELLS, BILLY
Address: PO BOX 537
City-St-Zip: OCOEE, FL 34761

Title: SD () Delete
Name: RESNIK, ALISON
Address: 407 ABBEYRIDGE COURT
City-St-Zip: OCOEE, FL 34761

Title: TD () Delete
Name: LETO, BEN
Address: 1417 CENTER STREET
City-St-Zip: OCOEE, FL 34761

Title: VPD () Delete
Name: RADUENZ, VICKY
Address: 401 ABBEY RIDGE CT
City-St-Zip: OCOEE, FL 34761

Title: PD () Delete
Name: RINDGEN, JEROME
Address: 408 STERLING LAKE DRIVE
City-St-Zip: OCOEE, FL 34761

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: SD (X) Change () Addition
Name: WELLS, BILLY
Address: 1649 GLENHAVEN CIR
City-St-Zip: OCOEE, FL 34761

Title: VPD (X) Change () Addition
Name: RESNIK, ALISON
Address: 407 ABBEYRIDGE COURT
City-St-Zip: OCOEE, FL 34761

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

Title: D (X) Change () Addition
Name: RADUENZ, GREG
Address: 401 ABBEY RIDGE CT
City-St-Zip: OCOEE, FL 34761

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: JEROME RINDGEN

PD

04/16/2007

Electronic Signature of Signing Officer or Director

_____ Date