
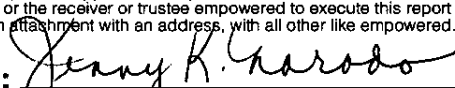


<h1 style="margin: 0;">DOCUMENT # N39247</h1>			
1. Entity Name S.L.E. HOMEOWNERS ASSOCIATION, INC.			
Principal Place of Business 512 SUN LAKE DR PORT ORANGE, FL 32127 US		Mailing Address 512 SUN LAKE DR PORT ORANGE, FL 32127 US	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent			
SMITH, ROBERT 512 SUN LAKE DR PORT ORANGE, FL 32127		Name	
		Street Address	
		City	
8. The above named entity submits this statement for the purpose of changing its registered office or registering the obligations of registered agent.			
SIGNATURE <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required)</small>			
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	
10. OFFICERS AND DIRECTORS			
TITLE	PD <input type="checkbox"/> Delete	TITLE	
NAME	SMITH, ROBERT K	NAME	
STREET ADDRESS	512 SUN LAKE DRIVE	STREET ADDRESS	
CITY-ST-ZIP	PORT ORANGE, FL 321271129	CITY-ST-ZIP	
TITLE	VPD <input type="checkbox"/> Delete	TITLE	
NAME	WOLENSKI, ED	NAME	
STREET ADDRESS	6139 HALF MOON DR	STREET ADDRESS	
CITY-ST-ZIP	PORT ORANGE, FL 321271129	CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> Delete	TITLE	
NAME	NORADO, JENNY	NAME	
STREET ADDRESS	6117 HALF MOON DR	STREET ADDRESS	
CITY-ST-ZIP	PORT ORANGE, FL 32127	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in 11. indicated on this report or supplemental report is true and accurate and that my signature shall have the effect of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 6 changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: 			
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			