


**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 09, 2005 08:00 AM
Secretary of State

DOCUMENT # N39247 1. Entity Name S.L.E. HOMEOWNERS ASSOCIATION, INC.	
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Principal Place of Business 512 SUN LAKE DR PORT ORANGE, FL 32127 US	Mailing Address 512 SUN LAKE DR PORT ORANGE, FL 32127 US
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03302005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3117374	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent SMITH, ROBERT 512 SUN LAKE DR PORT ORANGE, FL 32127
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**DO NOT WRITE
IN THIS SPACE**

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 reinstating) 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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD SMITH, ROBERT K 512 SUN LAKE DRIVE PORT ORANGE, FL 321271129
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD WOLENSKI, ED 6139 HALF MOON DR PORT ORANGE, FL 321271129
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD NORADO, JENNY 6117 HALF MOON DR PORT ORANGE, FL 32127
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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04/09/05-80056-002 61.25

**DO NOT WRITE
IN THIS SPACE**

12. 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: X Robert K Smith 4-6-05 386-290-3777
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ROBERT K. SMITH