2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

9/10/2007-90001-044-$61.25-$61.25

FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N39247

1. Entity Name
S.L.E. HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
512 SUN LAKE DR PORT ORANGE, FL 32127 US	512 SUN LAKE DR PORT ORANGE, FL 32127 US

DO NOT WRITE IN THIS SPACE

08312007 No Chg-NP CR2E037 (4/06)

4. FEI Number
59-3117374
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$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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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by September 14, 2007

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

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

9/27

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Robert K Smith 8/30/2007 (386)304-7436
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #