

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N41040

FILED  
Apr 26, 2009  
Secretary of State

**Entity Name:** SILVER LAKES OF LAKE LAND HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

5600 US HWY 98 N  
SUITE 1  
LAKE LAND, FL 33809

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 92108  
LAKE LAND, FL 33804

**New Mailing Address:**

**FEI Number:** 59-3082153

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

HARKINS, WM. R  
5600 U.S. HWY 98 N  
LAKE LAND, FL 33809 US

**Name and Address of New Registered Agent:**

HARKINS, WM. R  
5600 U.S. HWY 98 N  
SUITE 1  
LAKE LAND, FL 33809 US

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:

04/26/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: DP ( ) Delete  
Name: BURNS, TOM  
Address: 2172 SILVER RD  
City-St-Zip: LAKE LAND, FL 33810

Title: DT ( ) Delete  
Name: T SCOTT, BRYAN  
Address: 6304 SILVER LAKES DRIVE  
City-St-Zip: LAKE LAND, FL 33810

Title: D ( ) Delete  
Name: RICHARDSON, JIM  
Address: 2119 SILVER RE DR  
City-St-Zip: LAKE LAND, FL 33810

Title: D ( ) Delete  
Name: REPASKY, CHRISTINE  
Address: 6163 RES CIRCLE  
City-St-Zip: LAKE LAND, FL 33810

Title: DVP ( ) Delete  
Name: WADDELL, BILL  
Address: 6129 SILVER LAKE DR E.  
City-St-Zip: LAKE LAND, FL 33810

**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: D (X) Change ( ) Addition  
Name: THUNE, FRANK  
Address: 2191 SILVER RE DRIVE  
City-St-Zip: LAKE LAND, FL 33810

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: THOMAS BURNS

DP

04/26/2009

Electronic Signature of Signing Officer or Director

Date