
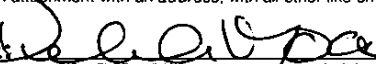


**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 26, 2005 8:00 am**  
**Secretary of State**

04-26-2005 90157 029 \*\*\*\*61.25

<b>DOCUMENT # N41806</b>					
1. Entity Name SILVER LAKE RESORT OWNERS ASSOCIATION, INC.					
Principal Place of Business 7751 BLACK LAKE RD KISSIMMEE, FL 34746			Mailing Address 7751 BLACK LAKE RD KISSIMMEE, FL 34746		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-3150951	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
MOORE, DEBORAH 7751 BLACK LAKE ROAD KISSIMMEE, FL 34747			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL Zip Code		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
				Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOORE, DEBORAH		NAME		
STREET ADDRESS	7751 BLACK LAKE RD		STREET ADDRESS		
CITY-ST-ZIP	KISSIMMEE, FL 34747		CITY-ST-ZIP		
TITLE	TD	<input checked="" type="checkbox"/> Delete	TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MARQUINEZ, FRANK D		NAME	SLEDDENS, JAMES M	
STREET ADDRESS	7751 BLACK LAKE RD		STREET ADDRESS	7751 Black Lake Road	
CITY-ST-ZIP	KISSIMMEE, FL		CITY-ST-ZIP	Kissimmee, FL 34747	
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MORRISON, MARIA		NAME		
STREET ADDRESS	7751 BLACK LAKE RD.		STREET ADDRESS		
CITY-ST-ZIP	KISSIMMEE, FL 34747		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PAGE, WALT		NAME		
STREET ADDRESS	7751 BLACK LAKE RD.		STREET ADDRESS		
CITY-ST-ZIP	KISSIMMEE, FL 34747		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CAMPANELLI, CHERYL		NAME		
STREET ADDRESS	7751 BLACK LAKE RD.		STREET ADDRESS		
CITY-ST-ZIP	KISSIMMEE, FL 34747		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 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: 			Deborah Moore		4/21 (407) 397-1300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		Daytime Phone #