


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2007 08:00 AM
Secretary of State

DOCUMENT # N41806 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
--	--

DO NOT WRITE IN THIS SPACE



04132007 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-3150951	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

MOORE, DEBORAH
 7751 BLACK LAKE ROAD
 KISSIMMEE, FL 34747

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 _____ 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 May 1, 2007

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 MOORE, DEBORAH 7751 BLACK LAKE RD KISSIMMEE, FL 34747
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SLEDDENS, JAMES M 7751 BLACK LAKE RD KISSIMMEE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MORRISON, MARIA 7751 BLACK LAKE RD. KISSIMMEE, FL 34747
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CAMPANELLI, CHERYL 7751 BLACK LAKE RD. KISSIMMEE, FL 34747
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

U00000725118
 05/03/07-80009-015 61.25

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:  _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Daytime Phone # _____