

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2008 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

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04162008 No Chg-NP CR2E037 (4/06)

4. FEI Number: 59-3150951 Applied For: Not Applicable
 5. Certificate of Status Desired: \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 MOORE, DEBORAH
 7751 BLACK LAKE ROAD
 KISSIMMEE, FL 34747

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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 May 1, 2008

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

U00000911333
 05/07/08-80035-017 61.25

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	

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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: James M. Sladdens *[Signature]* 4/16/08 (407) 397-1300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #