

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

04-26-2005 90175 044 ****61.25

DOCUMENT # N49457 1. Entity Name SILVER MEADOWS CENTRAL PROPERTY OWNERS ASSOCIATION, INC.			
Principal Place of Business 101 NE FIRST AVE OCALA, FL 34470		Mailing Address 101 NE FIRST AVE OCALA, FL 34470	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address P.O. Box 1752 Suite, Apt. #, etc.	
City & State Silver Springs, FL		City & State Silver Springs, FL	
Zip 34489		Zip 34489	
Country USA		Country USA	
4. FEI Number 59-3124215		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent FLANIGAN, GREG 2701 SE MARICAMP RD STE 104 OCALA, FL 34471		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ <small>*Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 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 NAME STREET ADDRESS CITY-ST-ZIP	D NEWSOME, TERESA 5980 NE 57 LOOP SILVER SPRINGS, FL 34488 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GERARD GAUFILLET 5543 NE 61ST AVE RD SILVER SPRINGS, FL 34488 <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BECK, PHYLLIS 7091 N.E. 61ST AVE. ROAD SILVER SPRINGS, FL 34488 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CHARLES W. CARR, JR 5679 NE 61ST AVE RD SILVER SPRINGS, FL 34488 <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WARFIELD, SHARON 5713 N.E. 61ST AVE. ROAD SILVER SPRINGS, FL 34488 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ALICE M. CARR 5679 NE 61ST AVE RD SILVER SPRINGS, FL 34488 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MURTZ, DAN 5873 NE 61 CT SILVER SPRINGS, FL 34488 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD PATRICK CASTALDI 6120 NE 60TH STREET SILVER SPRINGS, FL 34488 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CLAUSS, GERALD 5917 NE 61 AVE RD SILVER SPRINGS, FL 34488 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JOAN SARTORI 6180 NE 60TH STREET SILVER SPRINGS FL 34488 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GILLISPIE, MAYNARD 5984 N.E. 57TH LOOP SILVER SPRINGS, FL 34488 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD CECILIA EVERIST 5536 NE 62ND COURT RD SILVER SPRINGS, FL 34488 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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: <u>Alice M. Carr</u> ALICE M. CARR		4/15/2005 352-236-2884	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	