

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N51223

FILED
Feb 05, 2009
Secretary of State

Entity Name: SILVER LAKES PROPERTY OWNERS ASSOCIATION OF COLLIER COUNTY, INC.

Current Principal Place of Business:

1001 SILVER LAKES BLVD
NAPLES, FL 34114 US

New Principal Place of Business:

C/O INTEGRATED PROPERTY MGMT
3435-10TH STREET N. # 201
NAPLES, FL 34114 US

Current Mailing Address:

C/O INTEGRATED PROPERTY MGMT
3435-10TH STREET N. 201
NAPLES, FL 34103 US

New Mailing Address:

C/O INTEGRATED PROPERTY MGMT
3435-10TH STREET N. # 201
NAPLES, FL 34103 US

FEI Number: 65-0351355

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MURRELL, ROBERT E.
5405 PARK CENTRAL COURT
NAPLES, FL 34109 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: BRADLEY, GARY
Address: 1203 COPPER LAKE POINT
City-St-Zip: NAPLES, FL 34114

Title: DS () Delete
Name: PAPE, BOB
Address: 1032 DIAMOND LAKE CIRCLE
City-St-Zip: NAPLES, FL 34114

Title: DT () Delete
Name: KRATZ, CAROLE
Address: 1638 DIAMOND LAKE CIR
City-St-Zip: NAPLES, FL 34114

Title: D () Delete
Name: EVANS, RICK
Address: 1631 DIAMOND LAKE CIRCLE
City-St-Zip: NAPLES, FL 34114

Title: D () Delete
Name: THOMAS, ANN
Address: 1093 SILVER LAKES BLVD
City-St-Zip: NAPLES, FL 34114

Title: DVP () Delete
Name: RICHARDS, LEROY
Address: 1045 SILVER LAKES BLVD
City-St-Zip: NAPLES, FL 34114

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: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: GARY BRADLEY

DP

02/05/2009

Electronic Signature of Signing Officer or Director

Date