

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2004 08:00 AM
Secretary of State

DOCUMENT # N93000004659

1. Entity Name
SILVERWOOD HOMEOWNERS' ASSOCIATION, INC.



Principal Place of Business
**117 W ALEXANDER ST #165
PLANT CITY, FL 33566 US**

Mailing Address
**117 W ALEXANDER ST #165
PLANT CITY, FL 33566 US**



04042004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3234049

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**LISA L PATTERSON
3323 SILVERPOND DR
PLANT CITY, FL 33567**

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

RECEIVED
12/12/04 5:09 PM

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**TD
LISA PATTERSON
117 W ALEXANDER ST #165
PLANT CITY, FL 33566**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**SD
BAKER, COLETTE
117 W ALEXANDER ST S #165
PLANT CITY, FL 33566**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**CD
FIELD, SHARON
117 W. ALEXANDER ST. S. #165
PLANT CITY, FL 33566**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**DO NOT WRITE
IN THIS SPACE**

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: *Lisa L Patterson*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/8/04
Date

813 759-1493
Daytime Phone #