


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jun 21, 2005 8:00 am**  
**Secretary of State**

06-21-2005 90004 010 \*\*\*\*61.25

<b>DOCUMENT # N93000004659</b> 1. Entity Name <b>SILVERWOOD HOMEOWNERS' ASSOCIATION, INC.</b>					
Principal Place of Business <b>117 W ALEXANDER ST #165 PLANT CITY, FL 33566 US</b>				Mailing Address <b>117 W ALEXANDER ST #165 PLANT CITY, FL 33566 US</b>	
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		Zip	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>LISA L PATTERSON 3323 SILVERPOND DR PLANT CITY, FL 33567</b>				Name — Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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 <i>Lisa L Patterson</i> <small>Signature, typed or printed name of registered agent and title if applicable.</small>				DATE <b>6/15/05</b> <small>(NOTE: Registered Agent signature required when reinstating)</small>	
<b>Filing Fee is \$61.25 Due by September 7, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD LISA PATTERSON 117 W ALEXANDER ST #165 PLANT CITY, FL 33566</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD BAKER, COLETTE 117 W ALEXANDER ST S #165 PLANT CITY, FL 33566</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CD FIELD, SHARON 117 W. ALEXANDER ST. S. #165 PLANT CITY, FL 33566</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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.					
<b>SIGNATURE: <i>Lisa L Patterson</i> Treasurer</b>					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
Date <b>6/15/05</b> Daytime Phone # <b>813 7591493</b>					





## Division of Corporations

## Annual Report

Document Number

N93000004659

Business Entity Name

SILVERWOOD HOMEOWNERS' ASSOCIATION, INC.

FEI Number 593234049

FEI Number Status Applied For Not Applicable Current

Certificate of Status Desired Yes No \$8.75 each

Election Campaign Financing Trust Fund Contribution Yes No

## Principal Place of Business

Address 117 W ALEXANDER ST #165

Suite, Apt. #, etc.

City, State PLANT CITY, FL

Zip Code & Country 33566 US

## Mailing Address

Address 117 W ALEXANDER ST #165

Suite, Apt. #, etc.

City, State PLANT CITY, FL

Zip Code & Country 33566 US

## Name And Address of Registered Agent

Name (Last, First, Middle, Title)

-or- RA Business Name LISA L PATTERSON

Address 3323 SILVERPOND DR

Suite, Apt. #, etc.

City, State PLANT CITY, FL

Zip Code & Country 33567 US

If there is a change in registered agent, the new agent will need to type their name in the 'Registered Agent Signature' block below to accept the designation of registered agent. RA signature must be an individual name. If the RA is a business entity, an individual must sign on their behalf. A business entity cannot serve as its own RA.

Registered Agent Signature

This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes forgery under s.831.06, Florida Statutes.

## ATTACHMENT

Officer/Director Name And Address

40088981  
# N93000004659

Title TD  
Name (Last, First, Middle, Title)  
-or- Entity Name LISA PATTERSON  
Street Address 117 W ALEXANDER ST #165  
City, State PLANT CITY, FL  
Zip Code & Country 33566

Title SD  
Name (Last, First, Middle, Title) BAKER, COLETTE  
-or- Entity Name  
Street Address 117 W ALEXANDER ST S #165  
City, State PLANT CITY, FL  
Zip Code & Country 33566

Title CD  
Name (Last, First, Middle, Title) FIELD, SHARON  
-or- Entity Name  
Street Address 117 W. ALEXANDER ST. S. #165  
City, State PLANT CITY, FL  
Zip Code & Country 33566

Title  
Name (Last, First, Middle, Title)  
-or- Entity Name  
Street Address  
City, State  
Zip Code & Country

Title  
Name (Last, First, Middle, Title)  
-or- Entity Name  
Street Address  
City, State  
Zip Code & Country

Title  
Name (Last, First, Middle, Title)