2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 17, 2009
Secretary of State

DOCUMENT# N93000004659

Entity Name: SILVERWOOD HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

3323 SILVERMOON DR
PLANT CITY, FL 33566 US

New Principal Place of Business:

Current Mailing Address:

3323 SILVERMOON DR
PLANT CITY, FL 33566 US

New Mailing Address:

P.O. BOX 3393
PLANT CITY, FL 335630007 US

FEI Number: 59-3234049 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

MCCLURE, JAMES
3323 SILVERMOON DR
PLANT CITY, FL 33566 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: PD ( ) Delete
Name: JONES, BELL
Address: 3205 SILVER LAKE CT
City-St-Zip: PLANT CITY, FL 33566 US

Title: VD ( ) Delete
Name: VARNADOE, TONY
Address: 3324 SILVERMOON DR
City-St-Zip: PLANT CITY, FL 33566 US

Title: TD ( ) Delete
Name: CALDER, WILLIAM
Address: 3328 SILVERMOON DR
City-St-Zip: PLANT CITY, FL 33566 US

Title: SD ( ) Delete
Name: HEISTAND, JAMES
Address: 3326 SILVERMOON DR
City-St-Zip: PLANT CITY, FL 33566 US

Title: D ( ) Delete
Name: EVANS, CORBETT
Address: 4010 SILVER SPRING DR
City-St-Zip: PLANT CITY, FL 33566

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
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: WILLIAM CALDER TD 01/17/2009
Electronic Signature of Signing Officer or Director — Date