

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 07, 2008 08:00 AM
Secretary of State

DOCUMENT # N93000005285

1. Entity Name
**SILVER LAKES-GATEWAY HOMEOWNERS
ASSOCIATION, INC.**



Principal Place of Business
**6719 WINKLER RD.
SUITE 200
FORT MYERS, FL 33919 US**

Mailing Address
**6719 WINKLER RD.
SUITE 200
FORT MYERS, FL 33919**



03282008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0508210

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**ALLIANT PROPERTY MANAGEMENT, LLC
6719 WINKLER ROAD
SUITE 200
FORT MYERS, FL 33919**

**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 *Michael Proctor* **Agent** 4-3-08
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, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**P
FROST, ED
11061 LAKELAND CIRCLE
FORT MYERS, FL 33913**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**VP
BIEL, MIKE
11062 LAKELAND CIRCLE
FORT MYERS, FL 33913**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**T
LESLIE, D. KATE
11248 LAKELAND CIRCLE
FORT MYERS, FL 33913**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**S
HOGG, GENE
13101 LAKE MEADOW DRIVE
FORT MYERS, FL 33913**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

U000000885451
04/18/08-80014-013 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: *Donna D. Leslie* **DONNA D. LESLIE** 4-03-08 239-454-1101
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #