

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 04, 2008 8:00 am
Secretary of State

06-04-2008 90007 048 ****61.25

DOCUMENT # N95000001200					
1. Entity Name SILVER PINES POINTE HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business 75 GATLIN AVE. SUITE A ORLANDO, FL 32806 US			Mailing Address 75 GATLIN AVE. SUITE A ORLANDO, FL 32806 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-3303905	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WARREN, NANCY 75 GATLIN AVE STE A ORLANDO, FL 32806			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 _____ (NOTE: Registered Agent signature required when reinstating)					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE D NAME WILLIAMS, JAMES STREET ADDRESS 5708 GOLF CLUB PARKWAY CITY-ST-ZIP ORLANDO, FL 32808	<input type="checkbox"/> Delete				
TITLE T NAME WASHINGTON, KAROLYN STREET ADDRESS 1634 RIDGE POINTE DR CITY-ST-ZIP ORLANDO, FL 32808	<input type="checkbox"/> Delete				
TITLE P NAME WILLIAMS, JAMIE STREET ADDRESS 5708 GOLF CLUB PKWY CITY-ST-ZIP ORLANDO, FL 32808	<input checked="" type="checkbox"/> Delete				
TITLE VP NAME LEWIS, WENDY STREET ADDRESS 1627 RIDGE POINTE DR. CITY-ST-ZIP ORLANDO, FL 32808	<input checked="" type="checkbox"/> Delete				
TITLE S NAME WATERS, SUSAN STREET ADDRESS 6725 BONNIE LOU DR. CITY-ST-ZIP ORLANDO, FL 32809	<input checked="" type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE P NAME William, JAMES STREET ADDRESS 5708 Golf Club Parkway CITY-ST-ZIP Orlando, FL 32808	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE S NAME Washington, Carolyn STREET ADDRESS 1634 Ridge Pointe Dr. CITY-ST-ZIP Orlando, FL 32808	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE T NAME Tomlin, Kathy STREET ADDRESS Orlando, FL 32808	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition				
TITLE BMD NAME Isaac, Amos STREET ADDRESS 1536 Ridge Point Dr CITY-ST-ZIP Orlando, FL 32808	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition				
TITLE V.P. NAME Keys, Ezekiel STREET ADDRESS 1407 Ridge Point Dr CITY-ST-ZIP Orlando, FL 32808	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
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: <u>Karolyn Washington</u>				5/12/08 407-855-5529	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date Daytime Phone #	