#### 2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N17860

Entity Name: SILVER LAKES WEST HOMEOWNERS ASSOCIATION, INC.

FILED
Apr 09, 2013
Secretary of State
CC8259351646

### **Current Principal Place of Business:**

2180 WEST SR 434 SUITE 5000 LONGWOOD, FL 32779

# **Current Mailing Address:**

2180 WEST SR 434 SUITE 5000 LONGWOOD, FL 32779 US

FEI Number: 59-2877232 Certificate of Status Desired: No

#### Name and Address of Current Registered Agent:

HART, JAMES W JR. SENTRY MANAGEMENT INC. 2180 WEST SR 434 STE 5000 LONGWOOD, FL 32779 US

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: JAMES W HART JR 04/09/2013

Electronic Signature of Registered Agent Date

#### Officer/Director Detail:

Title PRESIDENT, DIRECTOR Title VP, DIRECTOR

Name VERITY, JOHN Name MCDONALD, SHIRLEY

Address 2180 WEST SR 434 STE 5000 Address 2180 WEST SR 434 STE 5000

City-State-Zip: LONGWOOD FL 32779 City-State-Zip: LONGWOOD FL 32779

Title SECRETARY, DIRECTOR Title TREASURER, DIRECTOR

Name SMITH, DELLA Name BONCK, LINDA

Address 2180 WEST SR 434 STE 5000 Address 2180 WEST SR 434 STE 5000

City-State-Zip: LONGWOOD FL 32779 City-State-Zip: LONGWOOD FL 32779

Title DIRECTOR Title DIRECTOR

Name CROWE, SHEILA Name HOLLOWAY, STEVE

Address 2180 WEST SR 434 STE 5000 Address 2180 WEST SR 434 STE 5000

City-State-Zip: LONGWOOD FL 32779 City-State-Zip: LONGWOOD FL 32779

Title DIRECTOR Title DIRECTOR

Name REEDY, JODI Name NOWICKI, PATRICIA

Address 2180 WEST SR 434 STE 5000 Address 2180 WEST SR 434 STE 5000

City-State-Zip: LONGWOOD FL 32779 City-State-Zip: LONGWOOD FL 32779

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SIGNATURE: JOHN VERITY PRESIDENT 04/09/2013

I hereby 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 all other like empowered.

# Officer/Director Detail Continued:

Title DIRECTOR

Name VERITY, MARGE

Address 2180 WEST SR 434 STE 5000

City-State-Zip: LONGWOOD FL 32779