2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N17860

Entity Name: SILVER LAKES WEST HOMEOWNERS ASSOCIATION, INC.

FILED Mar 31, 2020 **Secretary of State** 6971050628CC

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:

SENTRY MANAGEMENT INC 2180 WEST SR 434 **SUITE 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: BRADLEY POMP 03/31/2020

> Date Electronic Signature of Registered Agent

Officer/Director Detail:

Title PRESIDENT, DIRECTOR Title VP, DIRECTOR

Name MCDONALD, SHIRLEY Name HOLLOWAY, STEPHEN

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

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

Title SECRETARY, DIRECTOR Title TREASURER, DIRECTOR

Name BONCK, LINDA SMITH, DELLA Name

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** DIRECTOR Title

REEDY, JODI Name Name BARRETT, MICHAEL

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

JOUBERT, GRETCHEN Name Name GALLERY, FRANK

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

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

SIGNATURE: SHIRLEY MCDONALD

PRESIDENT

03/31/2020

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.