## 2024 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# N19000005087

Entity Name: SILVERLEAF MASTER OWNERS ASSOCIATION, INC.

FILED Sep 20, 2024 Secretary of State 0899032911CC

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

112 N PONCE DE LEON BLVD

UNIT C

SAINT AUGUSTINE, FL 32085

## **Current Mailing Address:**

P.O. BOX 1389

ST. AUGUSTINE, FL 32084 US

FEI Number: 84-2497326 Certificate of Status Desired: No

## Name and Address of Current Registered Agent:

ALSOP PROPERTY MANAGEMENT LLC 112 N PONCE DE LEON BLVD UNIT C SAINT AUGUSTINE, FL 32085 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: JANEEN L RAULERSON 09/20/2024

Electronic Signature of Registered Agent Date

Officer/Director Detail:

Title PRESIDENT, DIRECTOR Title TREASURER, DIRECTOR

Name HUTSON, TREVOR Name CUNNINGHAM, BEVERLY

Address P.O. BOX 1389 Address P.O. BOX 1389

City-State-Zip: ST. AUGUSTINE FL 32084 City-State-Zip: ST. AUGUSTINE FL 32084

Title SECRETARY, DIRECTOR Title AGENT

Name BRYAN, KIM Name TARASENKO, SHANTEL

Address P.O. BOX 1389 Address P.O. BOX 1389

City-State-Zip: ST. AUGUSTINE FL 32084 City-State-Zip: ST. AUGUSTINE FL 32084

Title DIRECTOR

Name GEARY, KYLE

Address P.O. BOX 1389

City-State-Zip: ST. AUGUSTINE FL 32084

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.