2025 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2025
Secretary of State
1958243515CC

DOCUMENT# N19000005087

Entity Name: SILVERLEAF MASTER OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

790 N PONCE DE LEON BLVD
SUITE 200
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
790 N PONCE DE LEON BLVD
SUITE 200
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 04/29/2025

Electronic Signature of Registered Agent — Date

Officer/Director Detail :

Title	PRESIDENT, DIRECTOR
Name	HUTSON, TREVOR
Address	P.O. BOX 1389
City-State-Zip:	ST. AUGUSTINE FL 32084

Title	TREASURER, DIRECTOR
Name	CUNNINGHAM, BEVERLY
Address	P.O. BOX 1389
City-State-Zip:	ST. AUGUSTINE FL 32084

Title	DIRECTOR, VP
Name	BRYAN, KIM
Address	P.O. BOX 1389
City-State-Zip:	ST. AUGUSTINE FL 32084

Title	AGENT
Name	TARASENKO, SHANTEL
Address	P.O. BOX 1389
City-State-Zip:	ST. AUGUSTINE FL 32084

Title	DIRECTOR, SECRETARY
Name	GEARY, KYLE
Address	P.O. BOX 1389
City-State-Zip:	ST. AUGUSTINE FL 32084

Title	DIRECTOR
Name	PRIMROSE, NICK
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.

SIGNATURE: SHANTEL TARASENKO REGISTERED AGENT 04/29/2025

Electronic Signature of Signing Officer/Director Detail — Date