

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N19000005087

Entity Name: SILVERLEAF MASTER OWNERS ASSOCIATION, INC.**Current Principal Place of Business:**111 NATURE WALK PKWY., STE. 104
ST. AUGUSTINE, FL 32092**Current Mailing Address:**111 NATURE WALK PKWY., STE. 104
ST. AUGUSTINE, FL 32092**FEI Number:** 84-2497326**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**METCALF, JOHN G
111 NATURE WALK PKWY., STE. 104
ST. AUGUSTINE, FL 32092 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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	PD
Name	HANNON, GARY
Address	111 NATURE WALK PKWY., STE. 104
City-State-Zip:	ST. AUGUSTINE FL 32092

Title	VPD
Name	HUTSON, TREVOR
Address	111 NATURE WALK PKWY., STE. 104
City-State-Zip:	ST. AUGUSTINE FL 32092

Title	TD
Name	CUNNINGHAM, BEVERLY
Address	111 NATURE WALK PKWY., STE. 104
City-State-Zip:	ST. AUGUSTINE FL 32092

Title	D
Name	HUTSON, CODY
Address	111 NATURE WALK PKWY., STE. 104
City-State-Zip:	ST. AUGUSTINE FL 32092

Title	SD
Name	BURKE, LORAL E
Address	111 NATURE WALK PKWY., STE. 104
City-State-Zip:	ST. AUGUSTINE FL 32092

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: GARY HANNON

PRESIDENT

01/29/2020

Electronic Signature of Signing Officer/Director Detail_____
Date