

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N01000007484

**Entity Name:** OAKMONT AT SILVER LAKE RESIDENTS ASSOCIATION, INC.**FILED**  
**Sep 05, 2018**  
**Secretary of State**  
**CC9863601989****Current Principal Place of Business:**OAKMONT AT SILVER LAKE SUBDIVISION  
10414 PLEASANT VIEW DRIVE  
LEESBURG, FL 34788**Current Mailing Address:**10414 PLEASANT VIEW DR.  
C/O MARK EMERY  
LEESBURG, FL 34788**FEI Number: 01-0599048****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**EMERY, MARK  
918 WEST DIXIE AVENUE  
LEESBURG, FL 34748 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	PRESIDENT, DIRECTOR, SECRETARY
Name	LESTER, JARED
Address	10403 PLEASANT VIEW DR.
City-State-Zip:	LEESBURG FL 34788

Title	VP, DIRECTOR
Name	LEDBETTER, SCOTT
Address	10349 PLEASANT VIEW DRIVE
City-State-Zip:	LEESBURG FL 34748

Title	TREASURER, DIRECTOR
Name	EMERY, MARK
Address	10414 PLEASANT VIEW DRIVE
City-State-Zip:	LEESBURG FL 34788

Title	DIRECTOR
Name	STEPHENS, LORI
Address	10420 PLEASANT VIEW DRIVE
City-State-Zip:	LEESBURG FL 34788

Title	DIRECTOR
Name	FOLLIS, MELONY
Address	10342 PLEASANT VIEW DRIVE
City-State-Zip:	LEESBURG FL 34788

Title	DIRECTOR
Name	LESTER, LAUREN
Address	10403 PLEASANT VIEW DRIVE
City-State-Zip:	LEESBURG FL 34788

*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: MARK EMERY****TREASURER****09/05/2018**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date