

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 08, 2005 8:00 am
Secretary of State

03-08-2005 90161 007 ****61.25

DOCUMENT # N01000007484

1. Entity Name

OAKMONT AT SILVER LAKE RESIDENTS ASSOCIATION, INC.



Principal Place of Business

1300 WEST NORTH BOULEVARD
PROPERTY MANAGEMENT
LEESBURG FL 34748

Mailing Address

1300 WEST NORTH BLVD.
PROPERTY MANAGEMENT
LEESBURG FL 34748

2. Principal Place of Business

Oakmont at Silver Lake Subdivision

3. Mailing Address

Suite, Apt. #, etc.

PLEASANT VIEW Drive

Suite, Apt. #, etc.

City & State
LEESBURG FLA

City & State

Zip
34788

Country
USA

Zip

Country

4. FEI Number
01-0599048

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required



1st MOORE CR2E037 (10/04)

6. Name and Address of Current Registered Agent

GAMBLE, WILLIAM R PRES ST
1300 W. NORTH BLVD.
PROPERTY MANAGEMENT DIVISION
LEESBURG FL 34748

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2005

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PSTD
GAMBLE, WILLIAM R III
PO BOX 87
FRUITLAND PARK FL 34731 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VPD
KUDLETS, WILLIAM E
10337 PLEASANT VIEW DRIVE
LEESBURG FL 34788 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VPD
LENZ, GLENDA D
10343 PLEASANT VIEW DRIVE
LEESBURG FL 34788 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
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☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

Wm R Gamble Wm R Gamble Pres ST.

Date

Daytime Phone #

3/4/05 352 787-86966