2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 24, 2008 08:00 AM
Secretary of State

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1. Entity Name
OAKMONT AT SILVER LAKE RESIDENTS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
OAKMONT AT SILVER LAKE SUBDIVISION PLEASANT VIEW DRIVE LEESBURG, FL 34788	10414 PLEASANT VIEW DR. C/O MARK EMERY LEESBURG, FL 34788

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01112008 No Chg-NP CR2E037 (4/06)

4. FEI Number
01-0599048
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

EMERY, MARK
10414 PLEASANT VIEW DR.
LEESBURG, FL 34788

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	TD
NAME	EMERY, MARK
STREET ADDRESS	10414 PLEASANT VIEW DR.
CITY-ST-ZIP	LEESBURG, FL 34788
TITLE	PD
NAME	MULLEN, ALICIA
STREET ADDRESS	10427PLEASANT VIEW DRIVE
CITY-ST-ZIP	LEESBURG, FL 34788
TITLE	VP D
NAME	RAMOS, RYAN
STREET ADDRESS	10342 PLEASANT VIEW DRIVE
CITY-ST-ZIP	LEESBURG, FL 34788
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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01/28/08-80028-004 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: M L G (Mark Emery) 1/18/08 352-728-4815
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #