

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2006 8:00 am
Secretary of State

04-20-2006 90208 015 ****61.25

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01092006 Chg-NP CR2E037 (11/05)

DOCUMENT # N04000006061 1. Entity Name SILVER FALLS TOWNHOMES OWNERS' ASSOCIATION, INC.					
Principal Place of Business 1401 UNIVERSITY DR - STE 200 CORAL SPRINGS, FL 33071			Mailing Address 1401 UNIVERSITY DR - STE 200 CORAL SPRINGS, FL 33071		
2. Principal Place of Business 7100 W Camino Real		3. Mailing Address 7100 W Camino Real			
Suite, Apt. #, etc. Suite 117		Suite, Apt. #, etc. Suite 117			
City & State Boca Raton, FL		City & State Boca Raton, FL			
Zip 33433	Country USA	Zip 33433	Country USA		
4. FEI Number 20-1326348			Applied For ☐ Not Applicable		
5. Certificate of Status Desired ☐			\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent HELFMAN, STEVEN M 1401 UNIVERSITY DR - STE 200 CORAL SPRINGS, FL 33071			7. Name and Address of New Registered Agent Name Paul Valyo Street Address (P.O. Box Number is Not Acceptable) 7100 W Camino Real Suite 117 City Boca Raton FL Zip Code 33433		
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 <u><i>Paul Valyo</i></u> Paul Valyo 01/10/06 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
Filing Fee is \$61.25 Due by May 1, 2006		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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD ANDREOZZI, DEAN 1401 UNIVERSITY DR - STE 200 CORAL SPRINGS, FL 33071	☒ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP SHAHEED RATEEK 4291 SW 124th Way Miramar, FL 33027
☒ Change ☒ Addition		☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD DEPLAZA, MARCIE 1401 UNIVERSITY DR - STE 200 CORAL SPRINGS, FL 33071	☒ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
☐ Change ☐ Addition		☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD MENENDEZ, N. MARIA 1401 UNIVERSITY DR - STE 200 CORAL SPRINGS, FL 33071	☒ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
☐ Change ☐ Addition		☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	☐ Change ☐ Addition		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
☐ Change ☐ Addition		☐ Change ☐ Addition			
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: <u><i>X Shaheed Rateek</i></u> 1-9-06 561-362-7444 SIGNATURE AND TYPED OR ED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					