

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 08, 2007 8:00 am
Secretary of State

02-08-2007 90037 005 ****61.25

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DOCUMENT # N04000006061 1. Entity Name SILVER FALLS TOWNHOMES OWNERS' ASSOCIATION, INC.					
Principal Place of Business 7100 CAMINO RD STE 117 BOCA RATON, FL 33433			Mailing Address 7100 CAMINO RD STE 117 BOCA RATON, FL 33433		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 20-1326348	
5. Certificate of Status Desired ☐				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent VALYO, PAUL 7100 W CAMINO RD STE 117 BOCA RATON, FL 33433				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				FL Zip Code	
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2007		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	DP RATEEK, SHAHEED 4251 SW 124TH WAY MIRAMAR, FL 33027	☒ Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP SHEVON NELSON 4226 SW 124TH TERRACE MIRAMAR, FL 33027	☐ Change ☒ Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DV SILVIA TOYOS 4313 SW 124TH TERRACE MIRAMAR, FL 33027	☐ Change ☒ Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DS ANGIE SUAREZ 4430 SW 125TH LANE MIRAMAR, FL 33027	☐ Change ☒ Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	☐ 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:			01/04/07 561-362-7444		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone		