NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 28, 2008 8:00 am
Secretary of State
05-28-2008 90011 048 ****61.25

DOCUMENT # N04000006061

1. Entity Name
Silver Falls Townhomes owners Assoc, Inc.

DO NOT WRITE IN THIS SPACE

40105503

CR2E037B (5/07)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
1495 North Park Drive	1495 North Park Drive
Suite, Apt. #, etc.	Suite, Apt. #, etc.
Weston, FL.	
City & State	City & State
33326	Weston, FL.
Zip / Country	Zip 33326 / Country

4. FEI Number 201326348 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Century Management Services, Inc.
Street Address (P.O. Box Number is Not Acceptable): 1495 North Park Drive
City: Weston FL Zip Code: 33326

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: mark Poffenbarger 5-23-08
Signature, type or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FEE IS $61.25 Initial or Amended AR

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	DP
NAME	Angie Suarez
STREET ADDRESS	4430 SW 125 Ln.
CITY-ST-ZIP	Miramar, FL. 33027
TITLE	DV
NAME	Silvia Toyos
STREET ADDRESS	4313 SW 124 Terr.
CITY-ST-ZIP	Miramar, FL. 33027
TITLE	DS
NAME	Maricielo Martinez
STREET ADDRESS	12483 SW 44 ct.
CITY-ST-ZIP	Miramar, FL. 33027
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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 on an attachment with an address, with all other like empowered.

SIGNATURE: (Vice President) 5/20/08 305-331-8763
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #