## 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N36583

FILED Apr 19, 2010 Secretary of State

Entity Name: SILVERLAKES COMMUNITY ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

C/O PINES PROPERTY MANAGEMENT 19620 PINES BLVD, SUITE 205 PEMBROKE PINES, FL 33029 US

Current Mailing Address: New Mailing Address:

C/O PINES PROPERTY MANAGEMENT
P.O. BOX 820100
SOUTH FLORIDA, FL 330820100 US

C/O PINES PROPERTY MANAGEMENT
P.O. BOX 820100
SOUTH FLORIDA, FL 33082 US

FEI Number: 65-0189028 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

STEVENS & GOLDWYN, P.A.
2 SOUTH UNIVERSITY DRIVE
SUITE 210
PLANTATION, FL 33324 US
STEVENS & GOLDWYN, P.A.
2 SOUTH UNIVERSITY DRIVE
SUITE 315
PLANTATION, FL 33324 US

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.

SIGNATURE: 04/19/2010

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

Title: SD

 Name:
 GARCIA, ROBERT

 Address:
 18252 SW 22 ST

 City-St-Zip:
 MIRAMAR, FL 33029 US

Title: D

Name: MINNAUGH, VICKI Address: 17905 NW 15 ST

City-St-Zip: PEMBROKE PINES, FL 33029 US

Title: PD

Name: GOLDMAN, STEVEN Address: 18284 NW 21 ST

City-St-Zip: PEMBROKE PINES, FL 33029 US

Title: TD

Name: ALLISON, TERRIE Address: 17848 SW 14 ST

City-St-Zip: PEMBROKE PINES, FL 33029 US

Title: VP

 Name:
 FITCH, DARON

 Address:
 18222 SW 25 ST

 City-St-Zip:
 MIRAMAR, FL 33029 US

Title: D

Name: WHITTIER, RAY Address: 1061 SW 176 AVE

City-St-Zip: PEMBROKE PINES, FL 33029 US

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: STEVEN GOLDMAN PD 04/19/2010