

**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Apr 24, 2006 08:00 AM  
Secretary of State**

**DOCUMENT # N49843**

1. Entity Name  
**SILVER PALMS HOMEOWNERS ASSOCIATION, INC.**



Principal Place of Business  
**7953 NW 53 STREET  
MIAMI, FL 33166 US**

Mailing Address  
**7953 NW 53 STREET  
MIAMI, FL 33166 US**



03172006 No Chg-NP

CR2E037 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**65-0398371**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**8. Name and Address of Current Registered Agent**

**DUGGER, ROBERT A SR  
7953 NW 53 STREET  
MIAMI, FL 33166**

**DO NOT WRITE  
IN THIS SPACE**

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

Signature, typed or printed name of registered agent, and title, if applicable.

(NOTE: Registered Agent signature required when retreating)

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

**10. OFFICERS AND DIRECTORS**

TITLE	P
NAME	CALVINO, ENI
STREET ADDRESS	10410 SW 22 ST
CITY-ST-ZIP	MIAMI, FL 33165
TITLE	SD
NAME	BELLO, PEDRO A
STREET ADDRESS	2186 SW 103 PL
CITY-ST-ZIP	MIAMI, FL 33165
TITLE	V
NAME	SANCHEZ, SERGIO
STREET ADDRESS	10362 SW 23RD STREET
CITY-ST-ZIP	MIAMI, FL 33165
TITLE	T
NAME	ESQUIJAROSA, PABLO
STREET ADDRESS	2075 SW 103 PLACE
CITY-ST-ZIP	MIAMI, FL 33165
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000529935  
05/05/06-80097-005 61.25

**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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #