2003 NOT-FOR-PROFIT CORPORATION

Feb 21, 2003 8:00 am UNIFORM BUSINESS REPORT (UBR) Secretary of State **DOCUMENT # N49843** 02-21-2003 90155 043 ****61.25 1. Entity Name SILVER PALMS HOMEOWNERS ASSOCIATION, INC. Principal Place of Business Mailing Address SID TIMBERLAKE GROUP INC. 580 M.W. 1474 EVENUE MHAMI FL 33166 3. Mailing Address 6501 NW Suite, Apt. Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES Applied For City & State 4. FEI Number 65-0398371 Çity & State MIQIM Not Applicable \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7.-Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name 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 familian the obligations of registered agent. SIGNATURE (i) Make Check Payable to 9. Election Campaign Financing \$5.00 May Be FILE NOW: FEE IS \$61.25 Florida Department of State Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. 10. PD Change ☐ Addition ☐ Delete TITLE TITLE VAZQUEZ, ANA NAME NAME 16381 SW 20 TERRACE STREET ADDRESS 10381 SW 20 terrace STREET ADDRESS CITY-ST-ZIP **MIAMI FL 33165** CITY-ST-ZIP VPD ☐ Change Addition ☐ Delete TITI F TITLE CALVINO, ENI NAME NAME 10410 SW 22 ST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **MIAMI FL 33165** CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE BELLO, PEDRO A NAME NAME STREET ADDRESS 2166 SW 103 PL STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33165** Addition Change TD Delete TITLE TITLE Sanchez, Sergio SANTAYANA, PATRICIA NAME NAME 10362 SW23rd Street STREET ADDRESS 10351 SW 20 TERR STREET ADDRESS CITY-ST-ZIP Miani, F1 33165 CITY-ST-ZIP **MIAMI FL 33165** ☐ Addition ☐ Change **VPD** ☐ Delete TITLE TITLE CUZA, RUBEN NAME NAME 2125 SW 103 PL STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAM) FL 33165 ☐ Change ☐ Addition TITLE ☐ Delete TITLE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.

CITY-ST-ZIP

NAME STREET ADDRESS

SIGNATURE

NAME

STREET ADDRESS

CITY-ST-ZIP

FILED