


FILED
Jul 31, 2008 8:00 am
Secretary of State

07-31-2008 90043 050 ****61.25

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N9700000420			
1. Entity Name SILVER GARDENS CONDOMINIUM ASSOCIATION, INC.			
Principal Place of Business 5979 NW 151 STREET SUITE 101 HIALEAH, FL 33014 US		Mailing Address P.O. BOX 160718 HIALEAH, FL 33016 US	
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 65-0480644		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$6.75 Additional Fee Required	
6. Name and Address of Current Registered Agent FLORIDA'S PROPERTY MGMT GROUP 5979 NW 151 ST SUITE 101 MIAMI LAKES, FL 33014		7. Name and Address of New Registered Agent Name <u>KABA & ASSOCIATES, P.A</u> Street Address (P.O. Box Number is Not Acceptable) <u>1840 W 49 ST Suite 235</u> City <u>HIALEAH</u> FL <u>33012</u>	
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: <u>Moises Kaba</u>		MOISES KABA	
Signature, typed or printed name of registered agent and fee if applicable.		(NOTE: Registered Agent signature required when re-appointing)	
DATE: <u>7-24-08</u>		DATE	
Filing Fee is \$61.25 Due by September 12, 2008		9. Election Campaign Financing Trust Func Contribution. <input type="checkbox"/> \$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	PD ZAYAS, RAMON 5979 NW 151 ST SUITE 101 MIAMI LAKES, FL 33014 <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition <u>Carlos Repoll - Pte.</u>
TITLE	VPD NEIRA, DIOSMIN 5979 NW 151 ST SUITE 101 MIAMI LAKES, FL 33014 <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition <u>Gerardo Pedraza - Vpte</u>
TITLE	TD ALVAREZ, JEAN 5979 NW 151 ST SUITE 101 MIAMI LAKES, FL 33014 <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition <u>Nelson Sorvi - Secy</u>
TITLE	SD TORRES, JAQUELINE 5979 NW 151 ST SUITE 101 MIAMI LAKES, FL 33014 <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition <u>Angel Orasma - Treas</u>
TITLE	D SORVI, NELSON 5979 NW 151 ST SUITE 101 MIAMI LAKES, FL 33014 <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition <u>Isabel Santos - Officer</u>
TITLE	D ORASMA, ANGEL L 5979 NW 151 STREET MIAMI LAKES, FL 33016 <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption 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: <u>Carlos Repoll</u>		Date: <u>7/29/08</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	

Luis...