

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2009
Secretary of State

DOCUMENT# N97000000420

Entity Name: SILVER GARDENS CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

5979 NW 151 STREET
SUITE 101
HIALEAH, FL 33014 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 160718
HIALEAH, FL 33016 US

New Mailing Address:

FEI Number: 65-0480644 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

YOUNG, ANGELICA ESQ.
5901 SW 74 STREET
#300
MIAMI, FL 33143 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: REPOLL, CARLOS
Address: 5979 NW 151 ST SUITE 101
City-St-Zip: MIAMI LAKES, FL 33014

Title: VPD () Delete
Name: PEDROYA, GERARDO
Address: 5979 NW 151 ST SUITE 101
City-St-Zip: MIAMI LAKES, FL 33014 US

Title: TD () Delete
Name: JORN, NELSON
Address: 5979 NW 151 ST SUITE 101
City-St-Zip: MIAMI LAKES, FL 33014

Title: SD () Delete
Name: GRAYSON, ANGEL
Address: 5979 NW 151 ST SUITE 101
City-St-Zip: MIAMI LAKES, FL 33014

Title: D () Delete
Name: SANTANA, HECTOR
Address: 5979 NW 151 ST SUITE 101
City-St-Zip: MIAMI LAKES, FL 33014

Title: D () Delete
Name: ORASMA, ANGEL L
Address: 5979 NW 151 STREET
City-St-Zip: MIAMI LAKES, FL 33016

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: CARLOS REPOLL

_____ Electronic Signature of Signing Officer or Director

P

04/22/2009

_____ Date