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Apr 23, 1999 8:00 am
Secretary of State

04-23-1999 90215 049 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N49742

1. Corporation Name

SILVER BEND HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

P O BOX 391
OCOE FL 34761
US

Mailing Address

P O BOX 891
OCOE FL 34761
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

06/29/1992

4. FEI Number

59-3134865

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Election Campaign Financing ☐

Trust Fund Contribution

\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

JOHNSON, LLOYD
1914 CASSINGHAM CIRCLE
OCOE FL 34761

10. Name and Address of New Registered Agent

81 Name **KNACK, JOEL**

82 Street Address (P.O. Box Number is Not Acceptable)

2507 ALCLOBE CIRCLE

83

84 City **OCOE**

FL

85 Zip Code **34761**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Joel Knack

JOEL KNACK

4/19/99

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	JOHNSON, LLOYD	
STREET ADDRESS	1914 CASSINGHAM CIRCLE	
CITY-ST-ZIP	OCOE FL	

TITLE	VD	<input type="checkbox"/> DELETE
NAME	SCHECHTER, JONATHAN	
STREET ADDRESS	118 CLOWSON COURT	
CITY-ST-ZIP	OCOE FL 34761	

TITLE	SD	<input type="checkbox"/> DELETE
NAME	TERRANCE, COLEMAN	
STREET ADDRESS	1615 CASSINGHAM CIR	
CITY-ST-ZIP	OCOE FL 34761	

TITLE	TD	<input type="checkbox"/> DELETE
NAME	KNACK, JOEL	
STREET ADDRESS	2507 ALCLOBE CIRCLE	
CITY-ST-ZIP	OCOE FL 34761	

TITLE	D	<input type="checkbox"/> DELETE
NAME	BUTKOVICH, PATRICIA	
STREET ADDRESS	2019 CASSINGHAM CIR	
CITY-ST-ZIP	OCOE FL 34761	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	LOPEZ-ANDERSON, MARTHA	
1.3 STREET ADDRESS	2438 ALCLOBE CIRCLE	
1.4 CITY-ST-ZIP	OCOE FL 34761	

2.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		

3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		

4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		

5.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		

6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Joel Knack* **SIGNATURE REQUIRED**

4/19/99 (407) 504-3302

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)