

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 16, 2006 8:00 am**  
**Secretary of State**

02-13-2006 90016 022 \*\*\*\*61.25

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**DOCUMENT # N49742**

1. Entity Name

SILVER BEND HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business

PREMIER COMMUNITY MANAGERS, INC.  
1255 BELLE AVE #107  
WINTER SPRINGS FL 32708

Mailing Address

PREMIER COMMUNITY MANAGERS, INC.  
1255 BELLE AVE #107  
WINTER SPRINGS FL 32708  
US



Premier Community Managers  
5151 Adanson St Suite 103  
Orlando, FL 32804

Premier Community Managers  
5151 Adanson St Suite 103  
Orlando, FL 32804

1st MOORE

CR2E037 (10/05)

4. FEI Number **59-3134865** Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HOUSE, GARY  
PREMIER COMMUNITY MANAGERS, INC.  
1255 BELLE AVE #107  
WINTER SPRINGS FL 32708

7. Name and Address of Non-Resident Agent

Si Premier Community Managers  
5151 Adanson St Suite 103  
Orlando, FL 32804

C

Zip Code

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

*Gary House*

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

(NOTE: Registered Agent signature required when registering)

1-31-06

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

Make Check Payable to  
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE TD ☐ Delete  
NAME RODRIGUEZ, JOEL  
STREET ADDRESS 2040 CASSINGHAM CIRCLE  
CITY-ST-ZIP OCOEE FL 34761

TITLE VD ☒ Delete  
NAME SIMMONDS, GINA  
STREET ADDRESS 2063 CASSINGHAM CIRCLE  
CITY-ST-ZIP OCOEE FL 34761

TITLE PD ☐ Delete  
NAME HEMBROOKE, JOSEPH  
STREET ADDRESS 2188 ALCLOBE CIRCLE  
CITY-ST-ZIP OCOEE FL 34761

TITLE PD ☒ Delete  
NAME BUTKOVICH, PATRICIA  
STREET ADDRESS 2019 CASSINGHAM CIR  
CITY-ST-ZIP OCOEE FL 34761

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE DM ☐ Change ☒ Addition  
NAME DENETRA WADLEY  
STREET ADDRESS 163 BEXLEY BLVD  
CITY-ST-ZIP OCOEE FL 34761

TITLE D ☐ Change ☒ Addition  
NAME LOW FORGE  
STREET ADDRESS 130 CLOWSON CT  
CITY-ST-ZIP OCOEE FL 34761

TITLE DS ☐ Change ☒ Addition  
NAME DEBRA HARRISON  
STREET ADDRESS 1685 CASSINGHAM CIR  
CITY-ST-ZIP OCOEE FL 34761

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP


TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

ATTACHMENT  
66005418

DOCUMENT # N49742	
1. Entity Name SILVER BEND HOMEOWNERS ASSOCIATION, INC.	

Principal Place of Business PREMIER COMMUNITY MANAGERS, INC. 1255 BELLE AVE #107 WINTER SPRINGS FL 32708	Mailing Address PREMIER COMMUNITY MANAGERS, INC. 1255 BELLE AVE #107 WINTER SPRINGS FL 32708 US
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Premier Community Managers  
5151 Adanson St Suite 103  
Orlando, FL 32804

Premier Community Managers  
5151 Adanson St Suite 103  
Orlando, FL 32804

1st MOORE CR2E037 (10/05)

4. FEI Number 59-3134865	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

5. Name and Address of Current Registered Agent		1 Agent	
HOUSE, GARY PREMIER COMMUNITY MANAGERS, INC. 1255 BELLE AVE #107 WINTER SPRINGS FL 32708		Premier Community Managers 5151 Adanson St Suite 103 Orlando, FL 32804	
		Zip Code	

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 Ray House DATE 1-31-06

Signature, typed or printed name of registered agent and not if applicable (NOTE: Registered Agent signature required when re-registering)

FILE NOW: FEE IS \$61.25 Due By May 1, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD RODRIGUEZ, JOEL 2040 CASSINGHAM CIRCLE OCOE FL 34761 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	DN DEMETRA WADLEY 163 BEXLEY BLVD OCOE FL 34761 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD SIMMONDS, GINA 2063 CASSINGHAM CIRCLE OCOE FL 34761 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	D LOU FORGUE 130 CLOWSON CT OCOE FL 34761 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD HEMBROOKE, JOSEPH 2188 ALCLOBE CIRCLE OCOE FL 34761 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	DS DEBRA HARRISON 1685 CASSINGHAM CIR OCOE FL 34761 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD BUTKOVICH, PATRICIA 2019 CASSINGHAM CIR OCOE FL 34761 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.

NATURE: Signature DATE 2/3/06 407-292-3559

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #



ATTACHMENT  
66005418

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 16, 2006

SILVER BEND HOMEOWNERS ASSOCIATION, INC.  
PREMIER COMMUNITY MANAGERS, INC.  
5151 ADANSON ST STE 103  
APOPKA, FL 32704 US

Subject: **SILVER BEND HOMEOWNERS ASSOCIATION, INC.**

Reference Number:

N49742

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$61.25; however, the report **has not been filed** and a copy is being returned for the following correction(s):

The annual report/uniform business report must be signed by an officer or director of the corporation.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

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ANNUAL REPORTS SECTION