

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 01, 2007 8:00 am
Secretary of State

05-01-2007 90010 024 ****61.25

DOCUMENT # N49742 1. Entity Name SILVER BEND HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business PREMIER COMMUNITY MANAGERS 5151 ADAMSON ST STE 103 ORLANDO FL 32804 US				Mailing Address PREMIER COMMUNITY MANAGERS 5151 ADAMSON ST STE 103 ORLANDO FL 32804 US	
2. Principal Place of Business - No P.O. Box # 5151 ADAMSON STREET				3. Mailing Address 5151 ADAMSON ST	
Suite, Apt. #, etc. 103		Suite, Apt. #, etc. 103		4. FEI Number 59-3134865	
City & State ORLANDO FL		City & State ORLANDO, FL		Applied For <input type="checkbox"/> Not Applicable	
Zip 32804		Zip 32804		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Country ORANGE		Country ORANGE		6. Name and Address of Current Registered Agent HOUSE, GARY PREMIER COMMUNITY MANAGERS 5151 ADAMSON ST STE 103 ORLANDO FL 32804	
7. Name and Address of New Registered Agent Name Gary House Street Address (P.O. Box Number is Not Acceptable) PREMIER COMMUNITY MANAGERS INC 5151 ADAMSON ST SUITE 103 City 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 				DATE 4-12-07	
FILE NOW: FEE IS \$61.25 Due By May 1, 2007				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				10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY- ST- ZIP		TD <input checked="" type="checkbox"/> Delete RODRIGUEZ, JOEL 2040 CASSINGHAM CIRCLE OCOE FL 34761		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY- ST- ZIP		PD <input type="checkbox"/> Delete HEMBROOKE, JOSEPH 2188 ALCLOBE CIRCLE OCOE FL 34761		<input type="checkbox"/> Change <input type="checkbox"/> Addition TD DAVID BUTKOVICH 2019 CASSINGHAM OCOE, FL 34761	
TITLE NAME STREET ADDRESS CITY- ST- ZIP		DS <input type="checkbox"/> Delete HARRISON, DEDRA 1685 CASSINGHAM CIR OCOE FL 34761		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP		DV <input checked="" type="checkbox"/> Delete WADLEY, DEMETRA 163 BEXLEY BLVD OCOE FL 34761		<input type="checkbox"/> Change <input type="checkbox"/> Addition DV STEVE RANDALL 2202 ALCLOBE Circle OCOE, FL 34761	
TITLE NAME STREET ADDRESS CITY- ST- ZIP		D <input type="checkbox"/> Delete FORGES, LOU 130 CLOWESN CT OCOE FL 34761		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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.					
SIGNATURE: 					
SIGNATURE AND TYPE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR GARY HOUSE					
Date 4-18-07 Daytime Phone #					