

2018 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# N03000009644

Entity Name: SILVER CREEK OF CLAY COUNTY HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

C/O TED K. BROWN, ESQ.
1450 FLAGLER AVE, UNIT 1
JACKSONVILLE, FL 32207

Current Mailing Address:

C/O TED K. BROWN, ESQ.
1450 FLAGLER AVE, UNIT 1
JACKSONVILLE, FL 32207 US

FEI Number: 51-0488867

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BROWN, TED K ESQ.
1450 FLAGLER AVE
UNIT 1
JACKSONVILLE, FL 32207 US

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

Officer/Director Detail :

Title PRESIDENT
Name CRUTCHFIELD, TIM
Address C/O TED K. BROWN, ESQ.
 1450 FLAGLER AVE, UNIT 1
City-State-Zip: JACKSONVILLE FL 32207

Title VP
Name LAND, DAVID
Address C/O TED K. BROWN, ESQ.
 1450 FLAGLER AVE, UNIT 1
City-State-Zip: JACKSONVILLE FL 32207

Title SECRETARY
Name DAUGHTRY, DENNIS
Address C/O TED K. BROWN, ESQ.
 1450 FLAGLER AVE, UNIT 1
City-State-Zip: JACKSONVILLE FL 32207

Title TREASURER
Name WYATT, AMY
Address C/O TED K. BROWN, ESQ.
 1450 FLAGLER AVE, UNIT 1
City-State-Zip: JACKSONVILLE FL 32207

Title DIRECTOR
Name DIVONA, JENNIFER
Address C/O TED K. BROWN, ESQ.
 1450 FLAGLER AVE, UNIT 1
City-State-Zip: JACKSONVILLE FL 32207

I hereby 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 all other like empowered.

SIGNATURE: TIM CRUTCHFIELD

PRESIDENT

04/26/2018

