

2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000009644

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

FILED
Apr 03, 2024
Secretary of State
9568755286CC

Current Principal Place of Business:

C/O THE CAM TEAM
2233 PARK AVENUE, SUITE 103
ORANGE PARK, FL 32073

Current Mailing Address:

C/O THE CAM TEAM
2233 PARK AVENUE, SUITE 103
ORANGE PARK, FL 32073 US

FEI Number: 51-0488867

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

THE CAM TEAM, INC
C/O THE CAM TEAM
2233 PARK AVENUE, SUITE 103
ORANGE PARK, FL 32073 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: GINA M. CABRAL

04/03/2024

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title DIRECTOR
Name CRUTCHFIELD, TIM
Address C/O THE CAM TEAM
2233 PARK AVENUE, SUITE 103
City-State-Zip: ORANGE PARK FL 32073

Title SECRETARY
Name DAUGHTRY, DENNIS
Address C/O THE CAM TEAM
2233 PARK AVENUE, SUITE 103
City-State-Zip: ORANGE PARK FL 32073

Title DIRECTOR
Name PINCZEWSKI, STEPHEN
Address C/O THE CAM TEAM
2233 PARK AVENUE, SUITE 103
City-State-Zip: ORANGE PARK FL 32073

Title VP
Name STEVISON, STEPHANIE
Address C/O THE CAM TEAM
2233 PARK AVENUE, SUITE 103
City-State-Zip: ORANGE PARK FL 32073

Title TREASURER
Name SCHIRBOCK, DEBBI
Address C/O THE CAM TEAM
2233 PARK AVENUE, SUITE 103
City-State-Zip: ORANGE PARK FL 32073

Title PRESIDENT
Name LEWIS, TAMMY
Address C/O THE CAM TEAM
2233 PARK AVENUE, SUITE 103
City-State-Zip: ORANGE PARK FL 32073

Title DIRECTOR
Name COX, MICHAEL
Address C/O THE CAM TEAM
2233 PARK AVENUE, SUITE 103
City-State-Zip: ORANGE PARK FL 32073

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: TAMMY LEWIS

PRESIDENT

04/03/2024

Electronic Signature of Signing Officer/Director Detail

Date