

**2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N03000009644

**FILED**  
**Apr 13, 2022**  
**Secretary of State**  
**2479363818CC**

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

**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:**

CABRAL, GINA M  
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

04/13/2022

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

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

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

Title DIRECTOR  
Name LEWIS, TAMMY  
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:** TIM CRUTCHFIELD

TIM CRUTCHFIELD

04/13/2022

Electronic Signature of Signing Officer/Director Detail

Date