2019 FLORIDA NOT FOR PROFIT CORPORATION 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

City-State-Zip:

Officer/Director Detail:

Title PRESIDENT Title VP

Name CRUTCHFIELD, TIM Name LAND, DAVID

Address C/O TED K. BROWN, ESQ. Address C/O TED K. BROWN, ESQ.

1450 FLAGLER AVE, UNIT1 1450 FLAGLER AVE, UNIT1

City-State-Zip: JACKSONVILLE FL 32207 City-State-Zip: JACKSONVILLE FL 32207

Title SECRETARY Title TREASURER

Name DAUGHTRY, DENNIS Name WYATT, AMY

Address C/O TED K. BROWN, ESQ. Address C/O TED K. BROWN, ESQ. 1450 FLAGLER AVE, UNIT1 1450 FLAGLER AVE, UNIT1

1430 FLAGLEN AVE, ONIT 1

Title DIRECTOR

City-State-Zip:

Name DIVONA, JENNIFER

Address C/O TED K. BROWN, ESQ.

1450 FLAGLER AVE, UNIT1

JACKSONVILLE FL 32207

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

Electronic Signature of Signing Officer/Director Detail

PRESIDENT

JACKSONVILLE FL 32207

04/05/2019

FILED Apr 05, 2019

Secretary of State

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