# 2022 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# N19000007352

Entity Name: SILVERLEAF VILLAGE HOMEOWNERS ASSOCIATION, INC.

FILED
Apr 12, 2022
Secretary of State
5766434695CC

## **Current Principal Place of Business:**

100 SR 13 N , SUITE A ST JOHNS, FL 32259

### **Current Mailing Address:**

100 SR 13 N, SUITE A ST. JOHNS, FL 32259 US

FEI Number: 84-3240784 Certificate of Status Desired: No

### Name and Address of Current Registered Agent:

NORTH FLORIDA MANAGEMENT -FL 100 SR 13 N, SUITE A ST. JOHNS, FL 32259 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: TOM ROWAND, JR. 04/12/2022

Electronic Signature of Registered Agent Date

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#### Officer/Director Detail:

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Title

i itie	DP	TITLE	DVP
Name	FERNANDEZ, XAVIER	Name	GLADDUE, CHRIS
Address	100 SR 13 N , SUITE A	Address	100 SR 13 N , SUITE A
City-State-Zip:	ST JOHNS FL 32259	City-State-Zip:	ST JOHNS FL 32259
Title	DT	Title	D
Name	JOHNSON, HANNAH	Name	PICKELS, MIKE
Address	100 SR 13 N, SUITE A	Address	100 SR 13 N, SUITE A
City-State-Zip:	ST JOHNS FL 32259	City-State-Zip:	ST JOHNS FL 32259
Title	DS	Title	AGENT
Name	VINCENT, JARED E	Name	ROWAND, TOM
Address	100 SR 13 N, SUITE A	Address	100 SR 13 N, SUITE A
City-State-Zip:	ST JOHNS FL 32259	City-State-Zip:	ST JOHNS FL 32259

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: TOM ROWAND, JR.

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04/12/2022