#### 2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N19000007352

Entity Name: SILVERLEAF VILLAGE HOMEOWNERS ASSOCIATION, INC.

FILED
Apr 24, 2024
Secretary of State
4517980819CC

# **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. 04/24/2024

Electronic Signature of Registered Agent

Date

#### Officer/Director Detail:

Title	AGENT	Title	PRESIDENT
Name	ROWAND, TOM	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 VP Title TREASURER

 Name
 GADDY, BRYAN
 Name
 JOHNSON, HANNAH

 Address
 100 SR 13 N , SUITE A
 Address
 100 SR 13 N , SUITE A

 City-State-Zip:
 ST JOHNS FL 32259
 ST JOHNS FL 32259

TitleSECRETARYTitleDIRECTORNameSCHURMAN, TERRINameMARCHIO, BENAddress100 SR 13 N, SUITE AAddress100 SR 13 N, SUITE ACity-State-Zip:ST JOHNS FL 32259ST 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 AGENT 04/24/2024