

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N19000007352

**Entity Name:** SILVERLEAF VILLAGE HOMEOWNERS ASSOCIATION, INC.

**FILED**  
**Jul 12, 2023**  
**Secretary of State**  
**6846910647CC**

**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.**

**07/12/2023**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title DP  
Name FERNANDEZ, XAVIER  
Address 100 SR 13 N , SUITE A  
City-State-Zip: ST JOHNS FL 32259

Title DVP  
Name GLADDUE, CHRIS  
Address 100 SR 13 N , SUITE A  
City-State-Zip: ST JOHNS FL 32259

Title DT  
Name JOHNSON, HANNAH  
Address 100 SR 13 N, SUITE A  
City-State-Zip: ST JOHNS FL 32259

Title D  
Name PICKELS, MIKE  
Address 100 SR 13 N, SUITE A  
City-State-Zip: ST JOHNS FL 32259

Title DS  
Name VINCENT, JARED E  
Address 100 SR 13 N, SUITE A  
City-State-Zip: ST JOHNS FL 32259

Title AGENT  
Name ROWAND, TOM  
Address 100 SR 13 N, SUITE A  
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**

**AGENT**

**07/12/2023**

Electronic Signature of Signing Officer/Director Detail

Date