2023 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# N19000007352

Entity Name: SILVERLEAF VILLAGE HOMEOWNERS ASSOCIATION, INC.

FILED Jul 20, 2023 **Secretary of State** 5910676052CC

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. 07/20/2023

> Date Electronic Signature of Registered Agent

Officer/Director Detail:

City-State-Zip: ST JOHNS FL 32259

Title	AGENT	Title	PRESIDENT
Name	ROWAND, TOM	Name	MATHES, TERI
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	TREASURER	Title	SECRETARY
Name	SANCHEZ, CHRIS	Name	CAFFREY, KEN
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	DIRECTOR	Title	DIRECTOR
Name	RAJ, SONEEL	Name	MASCHERIN, JOANE
Address	100 SR 13 N , SUITE A	Address	100 SR 13 N , SUITE A
Citv-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 **AGENT** Electronic Signature of Signing Officer/Director Detail

07/20/2023