

**2021 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# N19000007352

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

**FILED**  
**Jul 19, 2021**  
**Secretary of State**  
**2518439050CC**

**Current Principal Place of Business:**

112 N PONCE DE LEON  
C  
ST. AUGUSTINE, FL 32084

**Current Mailing Address:**

112 N PONCE DE LEON  
C  
ST. AUGUSTINE, FL 32084 US

**FEI Number: 84-3240784**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

ALSOP PROPERTY MANAGEMENT  
112 N PONCE DE LEON  
C  
ST. AUGUSTINE, FL 32084 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: JANEEN RAULERSON**

**07/19/2021**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title DP  
Name FERNANDEZ, XAVIER  
Address 112 N PONCE DE LEON  
C  
City-State-Zip: ST. AUGUSTINE FL 32084

Title DVP  
Name GLADDUE, CHRIS  
Address 112 N PONCE DE LEON  
C  
City-State-Zip: ST. AUGUSTINE FL 32084

Title DT  
Name JOHNSON, HANNAH  
Address 112 N PONCE DE LEON  
C  
City-State-Zip: ST. AUGUSTINE FL 32084

Title D  
Name PICKELS, MIKE  
Address 112 N PONCE DE LEON  
C  
City-State-Zip: ST. AUGUSTINE FL 32084

Title DS  
Name VINCENT, JARED E  
Address 112 N PONCE DE LEON  
C  
City-State-Zip: ST. AUGUSTINE FL 32084

Title AGENT  
Name RAULERSON, JANEEN  
Address 112 N PONCE DE LEON  
C  
City-State-Zip: ST. AUGUSTINE FL 32084

*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: XAVIER FERNANDEZ**

**PRESIDENT**

**07/19/2021**

Electronic Signature of Signing Officer/Director Detail

Date