

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N49742

**Entity Name:** SILVER BEND HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

C/O PREMIER COMMUNITY MANAGERS INC  
10524 MOSS PARK ROAD SUITE 204-602  
ORLANDO, FL 32832

**Current Mailing Address:**

C/O PREMIER COMMUNITY MANAGERS INC  
10524 MOSS PARK ROAD SUITE 204-602  
ORLANDO, FL 32832 US

**FEI Number:** 59-3134865

**Certificate of Status Desired:** No

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

PREMIER COMMUNITY MANAGERS, INC.  
608 LONGMEADOW CIRCLE  
LONGWOOD, FL 32779 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            LOPEZ-ANDERSON, MARTHA  
Address        10524 MOSS PARK ROAD  
                 SUITE 204-602  
City-State-Zip: ORLANDO FL 32832

Title            TREASURER  
Name            MCELROY, JOSEPH  
Address        10524 MOSS PARK ROAD  
                 SUITE 204-602  
City-State-Zip: ORLANDO FL 32832

Title            DIRECTOR  
Name            VARGAS, ROBERTO  
Address        10524 MOSS PARK ROAD  
                 SUITE 204-602  
City-State-Zip: ORLANDO FL 32832

Title            DIRECTOR  
Name            CRESPO, LUIS  
Address        608 LONGMEADOW CIRCLE  
City-State-Zip: LONGWOOD FL 32779

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:** LOPEZ-ANDERSON, MARTHA

**PRESIDENT**

**03/08/2018**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date