

2016 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	VP
Name	FORGES, LOU
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: MARTHA LOPEZ-ANDERSON

PRESIDENT

02/01/2016

Electronic Signature of Signing Officer/Director Detail_____
Date