

2015 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.
3391 BLACK WILLOW TRAIL
SUITE 204-602
ORLANDO, FL 32832 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 O'BRIEN, KEVIN
Address 10524 MOSS PARK ROAD
 SUITE 204-602
City-State-Zip: ORLANDO FL 32832

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: LOU FORGES**VICE PRESIDENT****01/14/2015**

Electronic Signature of Signing Officer/Director Detail

Date