

**2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N97000000420

**Entity Name:** SILVER GARDENS CONDOMINIUM ASSOCIATION, INC.

**FILED**  
**Feb 19, 2020**  
**Secretary of State**  
**4465638664CC**

**Current Principal Place of Business:**

C/O NEW HORIZONS PROPERTY MGMT. SOLUTIONS, LLC  
14411 COMMERCE WAY SUITE 316  
HIALEAH, FL 33016

**Current Mailing Address:**

C/O NEW HORIZONS PROPERTY MGMT. SOLUTIONS, LLC  
14411 COMMERCE WAY SUITE 316  
HIALEAH, FL 33016 US

**FEI Number: 65-0480644**

**Certificate of Status Desired: No**

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

NEW HORIZONS PROPERTY MGMT. SOLUTIONS, LLC  
14411 COMMERCE WAY  
SUITE 316  
MIAMI LAKES, FL 33016 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: DAVID MENENDEZ**

**02/19/2020**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title           TREASURER  
Name           SANTANA, HECTOR  
Address        14411 COMMERCE WAY  
                  SUITE 316  
City-State-Zip: HIALEAH FL 33016

Title           PRESIDENT  
Name           FERNANDEZ, JOSUE  
Address        14411 COMMERCE WAY  
                  SUITE 316  
City-State-Zip: HIALEAH FL 33016

Title           VP  
Name           ALVAREZ, JEAN  
Address        14411 COMMERCE WAY  
                  SUITE 316  
City-State-Zip: HIALEAH FL 33016

Title           DIRECTOR  
Name           CAJIGAS, JACQUELINE  
Address        14411 COMMERCE WAY  
                  SUITE 316  
City-State-Zip: HIALEAH FL 33016

Title           DIRECTOR  
Name           TORRES, ELENA  
Address        14411 COMMERCE WAY  
                  316  
City-State-Zip: MIAMI LAKES FL 33016

*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: JOSUE FERNANDEZ**

**PRESIDENT**

**02/19/2020**

Electronic Signature of Signing Officer/Director Detail

Date