

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 705940

FILED  
Apr 06, 2008  
Secretary of State

Entity Name: SILK SUNCREST ASSOCIATION,INC

## Current Principal Place of Business:

30 SILK OAKS DR.  
ORMOND BEACH, FL 32176 US

## New Principal Place of Business:

PO BOX 2793  
ORMOND BEACH, FL 32175 US

## New Mailing Address:

FEI Number:  FEI Number Applied For ( )  FEI Number Not Applicable (X)  Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

KOSEK, JANINE R PRES.  
30 SILK OAKS DR.  
ORMOND BEACH, FL 32176 US

## Name and Address of New Registered Agent:

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

## OFFICERS AND DIRECTORS:

Title: TREA  Delete  
Name: SMITH, NANCY  
Address: 2A SUNCREST BLVD.  
City-St-Zip: ORMOND BEACH, FL 32176

Title: VP  Delete  
Name: SCHUMACHER, ED  
Address: 2 SUNSET BLVD.  
City-St-Zip: ORMOND BEACH, FL 32176

Title: P  Delete  
Name: KOSEK, JANINE R  
Address: 30 SILK OAKS DR  
City-St-Zip: ORMOND BEACH, FL 32176

Title: D  Delete  
Name: POWERS, ELLEN  
Address: 40 SILK OAKS DR  
City-St-Zip: ORMOND BEACH, FL 32176

Title: SEC  Delete  
Name: PIETRAK, WALT  
Address: 2058 JOHN ANDERSON DR  
City-St-Zip: ORMOND BEACH, FL 32176

Title: D  Delete  
Name: PIERCE, JUDY  
Address: 25 SILK OAKS DR  
City-St-Zip: ORMOND BEACH, FL 32176

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:  Change  Addition  
Name:  
Address:  
City-St-Zip:

Title: SEC  Change  Addition  
Name: SCHUMACHER, MARTHA  
Address: 2 SUNSET BLVD.  
City-St-Zip: ORMOND BEACH, FL 32176

Title:  Change  Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: JANINE KOSEK

PRES

04/06/2008

Electronic Signature of Signing Officer or Director

Date