

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 705940

FILED
Apr 13, 2009
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:

Current Mailing Address:

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: SCHUMACHER, MARTHA
Address: 2 SUNSET BLVD.
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: () Change () Addition
Name:
Address:
City-St-Zip:

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

Title: () Change () Addition
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City-St-Zip:

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

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 R. KOSEK

PRES

04/13/2009

Electronic Signature of Signing Officer or Director

Date