

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000002341

FILED
Apr 30, 2008
Secretary of State

Entity Name: SILVER GLEN AT CITRUS ISLES HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

C/O CASTLE GROUP
15200 JOG ROAD, SUITE 205
DELRAY BEACH, FL 33446

New Principal Place of Business:

C/O BANYAN PROPERTY MANAGEMENT
2328 S CONGRESS AVE SUITE 1-C
WEST PALM BEACH, FL 33406

Current Mailing Address:

C/O CASTLE GROUP
15200 JOG ROAD, SUITE 205
DELRAY BEACH, FL 33446

New Mailing Address:

C/O BANYAN PROPERTY MANAGEMENT
2328 S CONGRESS AVE SUITE 1-C
WEST PALM BEACH, FL 33406

FEI Number: 65-1025181

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STEVEN LEVINE, JAY P.A.
2500 MILITARY TRAIL, STE 490
BOCA RATON, FL 33431 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: SD () Delete
Name: BERLIN, MARTIN
Address: 9072 SILVER GLEN WAY
City-St-Zip: LAKE WORTH, FL 33467

Title: PD () Delete
Name: RINKER, AARON
Address: 9211 CITRUS ISLE LANE
City-St-Zip: LAKE WORTH, FL 33467

Title: TD () Delete
Name: WILLIAMS, LANCELOT
Address: 9132 SILVER GLEN WAY
City-St-Zip: LAKE WORTH, FL 33467

Title: VPD () Delete
Name: KIRK, SHAUN
Address: 9186 SILVER GLEN WAY
City-St-Zip: LAKE WORTH, FL 33467

Title: D () Delete
Name: HARDCASTLE, CHRISTIE
Address: 9310 SILVER GLEN WAY
City-St-Zip: LAKE WORTH, FL 33467

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
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: AARON RINKER

PD

04/30/2008

Electronic Signature of Signing Officer or Director

Date