## 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 Princ					
	ipal Place o	f Business:	New Principal Place	of Business:	
	GROUP		C/O BANYAN PROPE	RTY MANAGEMENT	
15200 JOG ROAD, SUITE 205				2328 S CONGRESS AVE SUITE 1-C	
DELRAY BEA	CH, FL 3344	.6	WEST PALM BEACH,	FL 33406	
Current Mailing Address:			New Mailing Address	New Mailing Address:	
C/O CASTLE	GROUP		C/O BANYAN PROPE	RTY MANAGEMENT	
15200 JOG R			2328 S CONGRESS A		
DELRAY BEA	CH, FL 3344	.6	WEST PALM BEACH,	FL 33406	
FEI Number: 65-	1025181	FEI Number Applied For ( )	El Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and Ad	dress of Cu	rrent Registered Agent:	Name and Address o	f New Registered Agent:	
STEVEN LEV	NE, JAY P.A	١.			
2500 MILITAR					
BOCA RATON	N, FL 33431	US			
		bmits this statement for the purp	oose of changing its registere	d office or registered agent, or both,	
n the State of	Florida.				
SIGNATURE:					
	Electronic	Signature of Registered Agent		Date	
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGI	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
Γitle: SΙ Name: ΒΙ	)		Title: Name:	( ) Change ( ) Addition	
	72 SILVER GLI		Address:		
	KE WORTH, FI				
			City-St-Zip:		
City-St-Zip: LA			•	( ) Change ( ) Addition	
City-St-Zip: LA	) ( ) D		Title:	( ) Change ( ) Addition	
City-St-Zip: LA Fitle: PI Name: RI		elete	•	( ) Change ( ) Addition	
City-St-Zip: LA  Fitle: PI  Name: RI  Address: 92	O () D NKER, AARON	elete E LANE	Title: Name:	( ) Change ( ) Addition	
City-St-Zip: LA  Fitle: PI  Name: RI  Address: 92  City-St-Zip: LA	O () D NKER, AARON 111 CITURS ISL IKE WORTH, FI	elete E LANE <sub>-</sub> 33467	Title: Name: Address: City-St-Zip:		
City-St-Zip: LA  Fitle: PI Name: RI Address: 92  City-St-Zip: LA  Fitle: TI	O () D NKER, AARON 111 CITURS ISL IKE WORTH, FI	elete E LANE _ 33467 elete	Title: Name: Address:	( ) Change ( ) Addition ( ) Change ( ) Addition	
City-St-Zip: LA  Fitle: PI Name: RI Address: 92  City-St-Zip: LA  Fitle: TI Name: W	O () D NKER, AARON 111 CITURS ISL KE WORTH, FI	elete E LANE _ 33467 elete ELOT	Title: Name: Address: City-St-Zip: Title:		
City-St-Zip: LA  Title: PI  Name: RI  Address: 92  City-St-Zip: LA  Title: TI  Name: W  Address: 91	O () D NKER, AARON 111 CITURS ISL IKE WORTH, FI O () D ILLIAMS, LANC	elete E LANE _ 33467 elete ELOT EN WAY	Title: Name: Address: City-St-Zip: Title: Name:		
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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