

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 31, 2008 8:00 am**  
**Secretary of State**

03-31-2008 90032 049 \*\*\*\*61.25

DOCUMENT # N00000002767

1. Entity Name

SILVER CREEK HOA PORT ORANGE, INC.



Principal Place of Business

1129 SILVER CREEK RUN  
PORT ORANGE FL 32129

Mailing Address

3863 S. NOVA RD  
PMB 49  
PORT ORANGE FL 32129



2. Principal Place of Business - No P.O. Box #

1102 Silver Creek Run

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E037 (10/07)

City & State

Port Orange, FL

City & State

Port Orange, FL

4. FEI Number

59-3700343

Applied For

Not Applicable

Zip

32129

Country

US

Zip

32129

Country

US

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

STORCH, GLENN D ESQ  
STORCH, HANSEN & MOORIS, P.A.  
420 S. NOVA RD  
DAYTONA BEACH FL 32114

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and then applicable.

(NOTE: Registered Agent signature is required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	PSD	<input checked="" type="checkbox"/> Delete
NAME	MAYERS, ANGELA	
STREET ADDRESS	1129 SILVER CREEK RUN	
CITY- ST- ZIP	PORT ORANGE FL 32129	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	COUTURE, NOEL	
STREET ADDRESS	1102 SILVER CREEK RUN	
CITY- ST- ZIP	PORT ORANGE FL 32129	
TITLE	T	<input type="checkbox"/> Delete
NAME	HARDMAN, JULIE	
STREET ADDRESS	3654 GOLD NUGGET CT	
CITY- ST- ZIP	PORT ORANGE FL 32129	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	President	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Noel Couture	
STREET ADDRESS	1102 Silver Creek Run	
CITY- ST- ZIP	Port Orange, FL 32129	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Angela Mayers

2/27/08

386-322-3284