

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000005056

FILED
Apr 28, 2009
Secretary of State

Entity Name: SILVERBLUFF HOMEOWNER'S ASSOCIATION NON-PROFIT, INC.

Current Principal Place of Business:

2520 SW 24TH TERRACE
MIAMI, FL 33145

New Principal Place of Business:

Current Mailing Address:

2520 SW 24TH TERRACE
MIAMI, FL 33145

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:

TARBERT, JANICE I
2520 S.W. 24TH TERRACE
MIAMI, FL 33145 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: P () Delete
Name: TARBERT, JANICE I
Address: 2520 SW 24 TERRACE.
City-St-Zip: MIAMI, FL 33145

Title: V () Delete
Name: MILIAN, ARSENIO
Address: 2650 SW 23RD ST.
City-St-Zip: MIAMI, FL 33145

Title: SEC () Delete
Name: MANN, PAUL
Address: 1665 S.W. 23 STREET
City-St-Zip: MIAMI, FL 33145

Title: D () Delete
Name: SANDOVAL, JUDITH
Address: 2536 S.W. 25 TERRACE.
City-St-Zip: MIAMI, FL 33133

Title: D () Delete
Name: SANTAMARINA, ALBERTO
Address: 2231 SW 19TH AVE.
City-St-Zip: MIAMI, FL 33145

Title: D () Delete
Name: MANN, BEBA
Address: 1665 SW 23 COURT.
City-St-Zip: MIAMI, FL 33145

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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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: JANICE I. TARBERT

P

04/28/2009

Electronic Signature of Signing Officer or Director

Date