


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 05, 2008 8:00 am
Secretary of State

09-05-2008 90001 034 ****61.25

DOCUMENT # N04000003236 1. Entity Name SILVERADO EAST HOMEOWNERS ASSOCIATION, INC.			
Principal Place of Business 26801 OLD 41 ROAD UNIT 2 BONITA SPRINGS, FL 34135		Mailing Address 26801 OLD 41 ROAD UNIT 2 BONITA SPRINGS, FL 34135	
2. Principal Place of Business - No P.O. Box # 27499 Riverview Ctr		3. Mailing Address 27499 Riverview Ctr	
Suite, Apt. #, etc. Suite 138		Suite, Apt. #, etc. Suite 138	
City & State Bonita Springs, FL		City & State Bonita Springs FL	
Zip 34134	Country USA	Zip 34134	Country U.S.A
6. Name and Address of Current Registered Agent BONITA SPRINGS AREA HOUSING DEV. CORP 26801 OLD 41 RD UNIT 2 BONITA SPRINGS, FL 34135		7. Name and Address of New Registered Agent Name (Same) Street Address (P.O. Box Number is Not Acceptable) 27499 Riverview Ctr - Ste 138 City Bonita Springs FL Zip Code 34134	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)</small>			
Filing Fee is \$61.25 Due by September 12, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE P NAME TAYLOR, TAMMARA STREET ADDRESS 26760 SILVERADO EAST DRIVE CITY- ST- ZIP BONITA SPRINGS, FL 34135	<input type="checkbox"/> Delete	TITLE VP NAME Eduilberto Martinez STREET ADDRESS 26810 Silverado East Drive CITY- ST- ZIP Bonita Springs FL 34135	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE VP NAME GRISelda, MOYA STREET ADDRESS 26881 SILVERADO EAST DRIVE CITY- ST- ZIP BONITA SPRINGS, FL 34135	<input checked="" type="checkbox"/> Delete	TITLE S NAME Eugenio Gomes STREET ADDRESS 26761 Silverado East Drive CITY- ST- ZIP Bonita Springs FL 34135	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE T NAME SANCHEZ, FAUSTINO STREET ADDRESS 26810 SILVERADO EAST DRIVE CITY- ST- ZIP BONITA SPRINGS, FL 34135	<input checked="" type="checkbox"/> Delete	TITLE T NAME Laura Razo STREET ADDRESS 26800 Silverado East Drive CITY- ST- ZIP Bonita Springs FL 34135	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP 	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP 	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date 8-14-08	Daytime Phone # 239-200-9562