
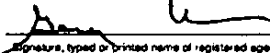
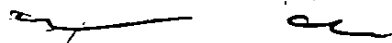


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 28, 2008 8:00 am
Secretary of State

03-11-2008 90017 019 ****61.25

66003416

DOCUMENT # N07000005287																													
1. Entity Name THE RETREAT AT SILVER CREEK HOMEOWNERS' ASSOCIATION, INC.																													
Principal Place of Business 600 SOUTH NORTHLAKE BLVD., SUITE 200 ALTAMONTE SPRINGS, FL 32701			Mailing Address 600 SOUTH NORTHLAKE BLVD., SUITE 200 ALTAMONTE SPRINGS, FL 32701																										
2. Principal Place of Business - No P.O. Box # 5151 Adanson Street, Suite 103 Orlando, Florida 32804		3. Mailing Address 5151 Adanson Street, Suite 103 Orlando, Florida 32804		4. Certificate of Status Desired <input type="checkbox"/> Applied For Additional Fee Required \$8.75																									
5. Certificate of Status Desired <input type="checkbox"/> Applied For Additional Fee Required \$8.75		6. Name and Address of Current Registered Agent ORDONEZ, LUSANT 600 SOUTH NORTHLAKE BLVD., SUITE 200 ALTAMONTE SPRINGS, FL 32701																											
7. Name and Address of New Registered Agent PREMIER COMMUNITY MANAGERS, INC. 5151 Adanson Street Suite 103 Orlando, Florida 32804		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:  (NOTE: Registered Agent signature required when reinstating) DATE: 2-27-08																											
9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		10. Filing Fee is \$61.25 Due by May 1, 2008																											
11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10																										
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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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date: 2-27-08 Daytime Phone: 6668200																													