


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 29, 2006 08:00 AM
Secretary of State

DOCUMENT #N22582 1. Entity Name SILVER CREEK OWNERS ASSOCIATION, INC.	
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Principal Place of Business 2706 HANDS DRIVE GREEN COVE SPRINGS, FL 32043 US	Mailing Address P O BOX 30494 DOCTORS INLET, FL 32030 US
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DO NOT WRITE IN THIS SPACE



03272008 No Chg-NP CR2E037 (11/05)

4. FEI Number 59-2803031	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent WALKER, KIM 2706 HANDS DRIVE GREEN COVE SPRINGS, FL 32043

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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: <i>Kim Walker</i> <small>Signature, typed or printed name of registered agent and title if applicable</small>	DATE: <i>3/26/06</i> <small>(NOTE: Registered Agent signature required when reinstating)</small>

Filing Fee is \$61.25 Due by May 1, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DECKER, ALICE 2662 SILVER CREEK DR GREEN COVE SPRINGS, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD MCCOY, ANGELA 2658 HANDS DR GREEN COVE SPRINGS, FL 32043
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD DEAN, ARLENE B 2710 HANDS DRIVE GREEN COVE SPRINGS, FL 32043
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD WALKER, KIM 2706 HANDS DR GREEN COVE SPRINGS, FL 32043
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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1100001413494
04/12/06 00001-002 61.25

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: <i>Kim Walker</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	DATE: <i>3/26/06</i> (904) 284-7707 <small>Daytime Phone #</small>