

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N22582

FILED
Apr 29, 2007
Secretary of State

Entity Name: SILVER CREEK OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

2706 HANDS DRIVE
GREEN COVE SPRINGS, FL 32043 US

New Principal Place of Business:

Current Mailing Address:

P O BOX 30494
DOCTORS INLET, FL 32030 US

New Mailing Address:

FEI Number: 59-2803031

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WALKER, KIM
2706 HANDS DRIVE
GREEN COVE SPRINGS, FL 32043 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: PD () Delete
Name: DECKER, ALICE
Address: 2662 SILVER CREEK DR
City-St-Zip: GREEN COVE SPRINGS, FL

Title: VPD () Delete
Name: MCCOY, ANGELA
Address: 2658 HANDS DR
City-St-Zip: GREEN COVE SPRINGS, FL 32043

Title: SD () Delete
Name: DEAN, ARLENE B
Address: 2710 HANDS DRIVE
City-St-Zip: GREEN COVE SPRINGS, FL 32043

Title: TD () Delete
Name: WALKER, KIM
Address: 2706 HANDS DR
City-St-Zip: GREEN COVE SPRINGS, FL 32043

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VPD (X) Change () Addition
Name: WELLS, RANDY
Address: 2630 HANDS DRIVE
City-St-Zip: GREEN COVE SPRINGS, FL 32043

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: KIM WALKER

TD

04/29/2007

Electronic Signature of Signing Officer or Director

Date