

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 13, 2003 8:00 am
Secretary of State

01-13-2003 90111 025 ****70.00

DOCUMENT # N22582

1. Entity Name

SILVER CREEK OWNERS ASSOCIATION, INC.



Principal Place of Business

**2710 HANDS DRIVE
GREEN COVE SPRINGS FL 32043
US**

Mailing Address

**P O BOX 30494
DOCTORS INLET FL 32030
US**

60004170

2. Principal Place of Business

2706 Hands Dr.

3. Mailing Address

P.O. Box 30494

Suite, Apt. #, etc.

Suite, Apt. #, etc.



☐ CHECK HERE IF MAKING CHANGES

City & State

Green Cove Springs, FL.

City & State

Doctors Inlet, FL

Zip

32043

Country

U.S.

Zip

32030

Country

U.S.

4. FEI Number **59-2803031**

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**AN, ARLENE B
10 HANDS DRIVE
GREEN COVE SPRINGS FL 32043**

7. Name and Address of New Registered Agent

Name **Kim Walker**

Street Address (P.O. Box Number is Not Acceptable)

2706 Hands Dr.

Green Cove Springs,

City

FL

Zip Code

32043

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

Kim Walker
Treasurer

1/3/03

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	DECKER, ALICE	
STREET ADDRESS	2662 SILVER CREEK DR	
CITY-ST-ZIP	GREEN COVE SPRINGS FL	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	WALKER, KIM	
STREET ADDRESS	2706 HANDS DR	
CITY-ST-ZIP	GREEN COVE SPRINGS FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	DEAN, ARLENE B	
STREET ADDRESS	2710 HANDS DRIVE	
CITY-ST-ZIP	GREEN COVE SPRINGS FL 32043	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Angela McCoy	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	2658 Hands Dr.	Vice President
STREET ADDRESS	Green Cove Springs, FL.	
CITY-ST-ZIP	32043	
TITLE	Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Arlene B. Dean	
STREET ADDRESS	2710 Hands Dr.	
CITY-ST-ZIP	Green Cove Springs, FL.	
TITLE	Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Kim Walker	
STREET ADDRESS	2706 Hands Dr.	
CITY-ST-ZIP	Green Cove Springs, FL.	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

Kim Walker **1/3/03** **904-284-7707**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/02)