2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 26, 2009
Secretary of State

DOCUMENT# N39431

Entity Name: SILVERTHORNE HOMEOWNER'S ASSOCIATION, INC.

Current Principal Place of Business:

720 BROOKER CREEK BLVD #206
OLDSMAR, FL 34677 US

New Principal Place of Business:

Current Mailing Address:

720 BROOKER CREEK BLVD #206
OLDSMAR, FL 34677 US

New Mailing Address:

FEI Number: 59-3025255 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SCANNAVINO, INC
720 BROOKET CREEK BLVD #206
OLDSMAR, FL 34677 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: VD ( ) Delete
Name: MCCOY, THERON
Address: 4908 SILVERTHORNE
City-St-Zip: OLDSMAR, FL 34677

Title: PD ( ) Delete
Name: JOHNSON, KAY
Address: 4980 SILVERTHORNE CT
City-St-Zip: OLDSMAR, FL 34677

Title: SD ( ) Delete
Name: RUCH, ELAINE
Address: 4884 SILVERTHORNE CT
City-St-Zip: OLDSMAR, FL 34677

Title: TD ( ) Delete
Name: WHITENER, LYLIA
Address: 5016 SILVERTHORNE CT
City-St-Zip: OLDSMAR, FL 34677

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: MCCOY, THERON
Address: 4908 SILVERTHORNE
City-St-Zip: OLDSMAR, FL 34677

Title: VD (X) Change ( ) Addition
Name: JOHNSON, KAY
Address: 4908 SILVERTHORNE COURT
City-St-Zip: OLDSMAR, FL 34677

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: THERON MCCOY PD 01/26/2009

Electronic Signature of Signing Officer or Director — Date