


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 11, 2005 8:00 am**  
**Secretary of State**

02-11-2005 90045 050 \*\*\*\*61.25

|   |  |   |  |   |  |
|---|--|---|--|---|--|
| <b>DOCUMENT # N49742</b><br>1. Entity Name<br><b>SILVER BEND HOMEOWNERS ASSOCIATION, INC.</b>   |  |   |  |    |  |
| Principal Place of Business<br><b>PREMIER COMMUNITY MANAGERS, INC.</b><br><b>1255 BELLE AVE #167</b><br><b>WINTER SPRINGS, FL 32708 US</b>  |  |   |  | Mailing Address<br><b>PREMIER COMMUNITY MANAGERS, INC.</b><br><b>1255 BELLE AVE #167</b><br><b>WINTER SPRINGS, FL 32708 US</b>  |  |
| 2. Principal Place of Business  |  | 3. Mailing Address  |  |   |  |
| Suite, Apt. #, etc.   |  | Suite, Apt. #, etc.   |  |   |  |
| City & State  |  | City & State  |  |   |  |
| Zip   | Country  | Zip   | Country  | 4. FEI Number<br><b>59-3134865</b>  |  |
| 5. Certificate of Status Desired <input type="checkbox"/>   |  |   |  | Applied For<br><input type="checkbox"/> Not Applicable  |  |
| 6. Name and Address of Current Registered Agent<br><br><b>HOUSE, GARY</b><br><b>PREMIER COMMUNITY MANAGERS, INC.</b><br><b>1255 BELLE AVE #167</b><br><b>WINTER SPRINGS, FL 32708</b>   |  |   |  | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div> |  |
| 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 <u><i>Gary House</i></u> <span style="float: right;">2/8/05</span><br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>   |  |   |  |   |  |
| <b>Filing Fee is \$61.25</b><br><b>Due by May 1, 2005</b>   |  | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> |  | <b>\$5.00 May Be</b><br><b>Added to Fees</b>  |  |
| Make check payable to<br><b>Florida Department of State</b>   |  |   |  |   |  |
| <div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <b>10. OFFICERS AND DIRECTORS</b> </div> <div style="width: 48%;"> <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b> </div> </div>  |  |   |  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | D<br><b>LOPEZ-ANDERSON, MARTHA</b><br><b>2438 ALCLOBE CIRCLE</b><br><b>OCOE, FL 34761</b> <input checked="" type="checkbox"/> Delete |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | TD<br><b>JOSE RODRIGUEZ</b><br><b>2040 CASSINGHAM CIRCLE</b><br><b>OCOE FL 34761</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | VD<br><b>SIMMONDS, GINA</b><br><b>2063 CASSINGHAM CIRCLE</b><br><b>OCOE, FL 34761</b> <input type="checkbox"/> Delete                |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | SD<br><b>HEMBROOKE, JOSEPH</b><br><b>2188 ALCLOBE CIRCLE</b><br><b>OCOE, FL 34761</b> <input type="checkbox"/> Delete                |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | TD<br><b>LONGSHORE, ROBERT, SR</b><br><b>2635 ALCLOBE CIRCLE</b><br><b>OCOE, FL 34761</b> <input checked="" type="checkbox"/> Delete |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | PD<br><b>BUTKOVICH, PATRICIA</b><br><b>2019 CASSINGHAM CIR</b><br><b>OCOE, FL 34761</b> <input type="checkbox"/> Delete              |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete  |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| 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: <u><i>Patricia Butkovich</i></u> <b>PATRICIA BUTKOVICH</b> <span style="float: right;">2/8/05 407-298-8988</span><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>   |  |   |  |   |  |

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