2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

2/

FILED
Mar 16, 2006 8:00 am
Secretary of State
02-13-2006 90016 022 ****61.25

DOCUMENT # N49742

1. Entity Name

SILVER BEND HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
PREMIER COMMUNITY MANAGERS, INC. ~~1255 BELLE AVE #167~~ ~~WINTER SPRINGS FL 32708~~	PREMIER COMMUNITY MANAGERS, INC. ~~1255 BELLE AVE #167~~ ~~WINTER SPRINGS FL 32708~~ US
Premier Community Managers 5151 Adanson St Suite 103 Orlando, FL 32804	Premier Community Managers 5151 Adanson St Suite 103 Orlando, FL 32804

1st MOORE CR2E037 (10/05)

Zip	Country	Zip	Country

4. FEI Number 59-3134865 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
HOUSE, GARY PREMIER COMMUNITY MANAGERS, INC. ~~1255 BELLE AVE #167~~ ~~WINTER SPRINGS FL 32708~~	N St Premier Community Managers 5151 Adanson St Suite 103 Orlando, FL 32804 C Zip Code

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 Gary House 1-31-06

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 Due By May 1, 2006

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD RODRIGUEZ, JOEL 2040 CASSINGHAM CIRCLE OCOEE FL 34761	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DV DEMETRA WADLEY 163 BEXLEY BLVD OCOEE FL 34761	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD SIMMONDS, GINA 2063 CASSINGHAM CIRCLE ~~OCOEE FL 34761~~	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LOU FORGEL 130 CLOWSON CT OCOEE FL 34761	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~VD~~ PD HEMBROOKE, JOSEPH 2188 ALCLOBE CIRCLE OCOEE FL 34761	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DS DEBRA HARRISON 1685 CASSINGHAM CIR OCOEE FL 34761	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD BUTKOVICH, PATRICIA 2019 CASSINGHAM CIR OCOEE FL 34761	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

ATTACHMENT
606005418
#

DOCUMENT # N49742

1. Entity Name

SILVER BEND HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
PREMIER COMMUNITY MANAGERS, INC. ~~1255 BELLE AVE #107~~ ~~WINTER SPRINGS FL 32708~~	PREMIER COMMUNITY MANAGERS, INC. ~~1255 BELLE AVE #107~~ ~~WINTER SPRINGS FL 32708~~ US
Premier Community Managers 5151 Adanson St Suite 103 Orlando, FL 32804	Premier Community Managers 5151 Adanson St Suite 103 Orlando, FL 32804

[redacted]

1st MOORE CR2E037 (10/05)

Zip	Country	Zip	Country

4. FEI Number 59-3134865 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

HOUSE, GARY
PREMIER COMMUNITY MANAGERS, INC.
~~1255 BELLE AVE #107~~
~~WINTER SPRINGS FL 32708~~

7. Name and Address of New Registered Agent

N
S Premier Community Managers
5151 Adanson St Suite 103
Orlando, FL 32804
C
Zip Code

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 Gary Houser 1-31-06
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
Due By May 1, 2006

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Make Check Payable to Florida Department of State

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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD SIMMONDS, GINA 2063 CASSINGHAM CIRCLE OCOEE FL 34761	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LOU FORGEL 130 CLOWDEN CT OCOEE FL 34761	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~S~~ PD HEMBROOKE, JOSEPH 2188 ALCLOBE CIRCLE OCOEE FL 34761	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DS DEBRA HARRISON 1665 CASSINGHAM CIR OCOEE FL 34761	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD BUTKOVICH, PATRICIA 2019 CASSINGHAM CIR OCOEE FL 34761	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: [signature] 2/3/06 407-292-3559
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

ATTACHMENT
b60054l8

FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 16, 2006

SILVER BEND HOMEOWNERS ASSOCIATION, INC.
PREMIER COMMUNITY MANAGERS, INC.
5151 ADANSON ST STE 103
APOPKA, FL 32704 US

Subject: **SILVER BEND HOMEOWNERS ASSOCIATION, INC.**

Reference Number: **N49742**

Please be advised, we have received your annual report/uniform business report and your check(s) totaling $61.25; however, the report **has not been filed** and a copy is being returned for the following correction(s):

The annual report/uniform business report must be signed by an officer or director of the corporation.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/rm
ANNUAL REPORTS SECTION