2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N49843

FILED Mar 04, 2009 Secretary of State

Entity Name: SILVER PALMS HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

10400 SW 24 ST MIAMI, FL 33165 US

Current Mailing Address: New Mailing Address:

P.O. BOX 653637 MIAMI, FL 33265 US

FEI Number: 65-0398371 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

UNITE PROPERTY MANAGEMENT, INC. FRANK PEREZ SIAM AND ASSOCIATES 7001 SW 87 CT

MIAMI, FL 33175 US MIAMI, FL 33173 US

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: FRANK PEREZ 03/04/2009

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

itle: P () Delete Title: P (X) Change () Addition

 Name:
 CALVINO, ENI
 Name:
 CALVINO, ENI

 Address:
 10410 SW 22 ST
 Address:
 PO BOX 653637

 City-St-Zip:
 MIAMI, FL 33165
 City-St-Zip:
 MIAMI, FL 33265

 Title:
 SD () Delete
 Title:
 TS (X) Change () Addition

 Name:
 BELLO, PEDRO A
 Name:
 BELLO, PEDRO A

 Address:
 2166 SW 103 PL
 Address:
 PO BOX 653637

 City-St-Zip:
 MIAMI, FL 33165
 City-St-Zip:
 MIAMI, FL 33265

 $\label{eq:title:V} {\sf Title:} \qquad {\sf VP} \qquad {\sf (X) Change () Addition}$

 Name:
 SANCHEZ, SERGIO
 Name:
 SANCHEZ, SERGIO

 Address:
 10362 SW 23RD STREET
 Address:
 PO BOX 653637

 City-St-Zip:
 MIAMI, FL 33165
 City-St-Zip:
 MIAMI, FL 33265

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: ENI CALVINO P 03/04/2009