## 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

## Apr 08, 2005 8:00 am Secretary of State DOCUMENT # N97000001821 1. Entity Name 04-08-2005 90042 015 \*\*\*\*61.25 SILVERBROOKE HOMEOWNERS ASSOCIATION. INC. Mailing Address Principal Place of Business 3335 STEINBECK PL PO BOX 3611 PLANT CITY FL 385 PLANT CITY FL 82568 2. Principal Place q 3. Mailing Address Suite, Apt. #, e CR2E037 (10/04) 1st MOORE City & State City & State 4. FEI Number Applied For 59-3506539 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 33566 HILLS HILLS Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ROGERS, CHARLTON B 3335 STEINBECK PL Street Address (P.O. Box Number is Not Acceptable) PLANT CITY FL 33566 Zip Code و المراجع عموما المراجع 8. The above named entity submits this stafferment 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 (NOTE Registered Agent signature required when reinstating) Signature, typed or printed na FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. Due By May 1, 2005 Added to Fees Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. Delete PRESIDENT TITLE TITLE MCLAUGHLIN, DERRICK MELISSA NAME NAME 3301 MICHENER PL STREET ADDRESS 3329 MICHENER PL STREET ADDRESS PLANT CITY FL 33566 CITY-ST-ZIP CITY-ST-7IP PLANT CITY ΫD PRES. TITLE TITLE Delete CERRONI, GAIL ELLIOTT NAME NAME 3336 STEINBERG PL STEINBECK STREET ADDRESS STREET ADDRESS 323 PLANT CITY FL 33566 CITY-ST-ZIP CITY-ST-ZIP PLANT - - 🔽 Delete -REID, JOANNE NAME NAME LEX NELSON 3321 MICHENER PL STREET ADDRESS STREET ADDRESS MICHENER PL CITY-ST-7IP PLANT CITY FL 33566 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition ROBERS, CHARLTON B NAME NAME 3335 STEINBECK PL STREET ADDRESS STREET ADDRESS PLANT CITY FL 33566 CITY-ST-ZIP CITY-ST-7IP SCARETARY Delete TITLE **∑** Change **X**Addition MCCALL, PAMELA NAME NAME 3333 MICHENER R 3335 MICHENER PL STREET ADDRESS STREET ADDRESS PLANT CITY FL 33566 CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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.

CHARLTON B. ROGERS

**FILED**