2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000001821

FILED Apr 29, 2009 Secretary of State

Entity Name: SILVERBROOKE HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:			New Principal Place of Business:		
	INBECK PL TY, FL 33566				
Current Mailing Address:			New Mailing Address:		
PO BOX 3 PLANT CI	3611 TY, FL 33563				
FEI Numbei	r: 59-3506539	FEI Number Applied For()	FEI Number Not Appl	icable () Certificate of Status Desired ()	
Name and	d Address of C	Current Registered Agent:	Name and	Address of New Registered Agent:	
3322 STE	Y, ALLEN A INBECK PL TY, FL 33566	US			
	e named entity s e of Florida.	submits this statement for the p	ourpose of changing i	ts registered office or registered agent, or both,	
SIGNATU	RE:				
	Electron	iic Signature of Registered Age	ent	Date	
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR	
Title: Name: Address: City-St-Zip:	P () TREDWAY, ALI 3322 STEINBE PLANT CITY, F	CK PL	Title: Name: Address:	() Change () Addition	
Title		L 33300	City-St-Zip:		
Title: Name: Address: City-St-Zip:	TD (X) BEAM, LINDA 3332 MICHENE PLANT CITY, FI) Delete R PL	Title: Name: Address: City-St-Zip:	()Change()Addition	
Name: Address: City-St-Zip: Title: Name: Address:	BEAM, LINDA 3332 MICHENE PLANT CITY, FI	Delete R PL L 33566 Delete AT R PL	Title: Name: Address:	() Change () Addition TD (X) Change () Addition COMSTOCK, PAT 3307 MICHENER PL PLANT CITY, FL 33566	
Name: Address:	BEAM, LINDA 3332 MICHENE PLANT CITY, FI MD () COMSTOCK, P. 3307 MICHENE PLANT CITY, FI	Delete RPL L 33566 Delete AT RPL L 33566 Delete C 33566	Title: Name: Address: City-St-Zip: Title: Name: Address:	TD (X) Change () Addition COMSTOCK, PAT 3307 MICHENER PL	

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: ALLEN TREDWAY P 04/29/2009