

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 26, 2008
Secretary of State

DOCUMENT# N97000002342

Entity Name: SILVERISLES HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

C/O PROGRESSIVE MANAGEMENT ASSOCIATES, INC
5400 SOUTH UNIVERSITY DRIVE, SUITE 101
DAVIE, FL 33328

New Principal Place of Business:

Current Mailing Address:

C/O PROGRESSIVE MANAGEMENT ASSOCIATES, INC
5400 SOUTH UNIVERSITY DRIVE. SUITE 101
DAVIE, FL 33328

New Mailing Address:

FEI Number: 65-0830862 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

EISENGER, BROWN, LOUIS & FRANKEL, PA
4000 HOLLYWOOD BOULEVARD
SUITE 265-SOUTH
HOLLYWOOD, FL 33021 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: DVP () Delete
Name: BOGA, BILL
Address: 5400 SOUTH UNIVERSITY DRIVE, SUITE 101
City-St-Zip: DAVIE, FL 33328

Title: PD () Delete
Name: WASHINGTON, EMMANUEL
Address: 5400 SOUTH UNIVERSITY DRIVE, SUITE 101
City-St-Zip: DAVIE, FL 33328

Title: DT () Delete
Name: LE ROSE, TONY
Address: 5400 SOUTH UNIVERSITY DRIVE, SUITE 101
City-St-Zip: DAVIE, FL 33328

Title: DS () Delete
Name: STEVENSON, TODD A
Address: 5400 SOUTH UNIVERSITY DRIVE, SUITE 101
City-St-Zip: DAVIE, FL 33328

Title: D () Delete
Name: BROWN, SANDRA
Address: 5400 SOUTH UNIVERSITY DRIVE, SUITE 101
City-St-Zip: DAVIE, FL 33328

Title: D () Delete
Name: ARROYO, ALVIN
Address: 5400 SOUTH UNIVERSITY DRIVE, SUITE 101
City-St-Zip: DAVIE, FL 33328

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: DP (X) Change () Addition
Name: WASHINGTON, EMMANUEL
Address: 5400 SOUTH UNIVERSITY DRIVE, SUITE 101
City-St-Zip: DAVIE, FL 33328

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: STEVENSON, TODD A
Address: 5400 SOUTH UNIVERSITY DRIVE, SUITE 101
City-St-Zip: DAVIE, FL 33328

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: DS (X) Change () Addition
Name: GORFINKEL, EDWARD
Address: 5400 SOUTH UNIVERSITY DRIVE, SUITE 101
City-St-Zip: DAVIE, FL 33328

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: EMANUEL WASHINGTON

DP

02/26/2008

Electronic Signature of Signing Officer or Director

_____ Date