

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED  
Apr 30, 2009  
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:**

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

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: DP ( ) 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: D ( ) 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: DS ( ) Delete  
Name: GORFINKEL, EDWARD  
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: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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

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

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

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

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: JONATHAN LOUIS

MGR

04/30/2009

Electronic Signature of Signing Officer or Director

Date