


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 03, 2006 8:00 am
Secretary of State

03-03-2006 90104 014 ****61.25

DOCUMENT # N97000006360			
1. Entity Name SILVERCREST LAKE ESTATES HOMEOWNERS ASSOCIATION, INC.			
Principal Place of Business YEAR ROUND MANAGEMENT 8053 NW 155 ST MIAMI LAKES, FL 33016		Mailing Address YEAR ROUND MANAGEMENT 8053 NW 155 ST MIAMI LAKES, FL 33016	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent YEAR ROUND MANAGEMENT 8053 NW 155 ST MIAMI LAKES, FL 33016		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
8. 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ALVAREZ, JORGE <input type="checkbox"/> Delete 7992 NW 161ST TERRACE MIAMI LAKES, FL 33016	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ABREU, ROSIE <input checked="" type="checkbox"/> Delete 8021 NW 159 TERRACE. MIAMI LAKES, FL 33016	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DANIEL FUENTES <input type="checkbox"/> Change <input type="checkbox"/> Addition 1601 NW 79 CT. MIAMI LAKES, FL 33016
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD HERNANDEZ, MARY <input type="checkbox"/> Delete 15942 NW 79 CT MIAMI LAKES, FL 33016	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD RANDOLPH, GARCIA <input type="checkbox"/> Delete 7933 NW 161TH TERRACE MIAMI LAKES, FL 33016	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GANDARILLAS, FERNANDO <input type="checkbox"/> Delete 8120 NW 159 TERRACE MIAMI LAKES, FL 33016	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 another like empowered.			
SIGNATURE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date: <u>02/27/06</u> Daytime Phone #: <u>305-557-9008</u>	

40023363



02012006 Chg-NP CR2E037 (11/05)

4. FEI Number 65-0809575 Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required