## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N9700006360

FILED Apr 28, 2007 Secretary of State

Entity Name: SILVERCREST LAKE ESTATES HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:				New Principal Place of Business:			
YEAR ROUND MANAGEMENT 8053 NW 155 ST MIAMI LAKES, FL 33016				SILVERCREST NORTH 16001 NW 52 AVENUE MIAMI LAKES, FL 33016			
Current Mailing Address:				New Mailing Address:			
YEAR ROUND MANAGEMENT 8053 NW 155 ST MIAMI LAKES, FL 33016				SILVERCREST NORTH 8004 NW 154 STREET; #559 MIAMI LAKES, FL 33016			
FEI Number:	65-0809575	FEI Number Applied For ( )	FEI Nun	nber Not Appli	cable ( )	Certificate of Status Desi	red()
Name and	Address of Cu	ırrent Registered Agent:		Name and	Address of I	New Registered Agent	:
8053 NW 1 MIAMI LAK	ES, FL 33016	US	ZELMA IGLESIAS, CAM 8004 NW 154 STREET; #559 MIAMI LAKES, FL 33016 US of changing its registered office or registered agent, or both,				
	of Florida.	====				0.4/0.2/0.00=	
SIGNATUR	RE: ZELMA IGI					04/28/2007 Date	
Electronic Signature of Registered Agent							
OFFICERS AND DIRECTORS:				ADDITION	S/CHANGES	TO OFFICERS AND D	IRECTORS:
Title: Name: Address: City-St-Zip:	P () [ ALVAREZ, JORG 7992 NW 161ST MIAMI LAKES, FI	TERRACE		Title: Name: Address: City-St-Zip:	(	) Change ()Addition	
Title: Name: Address: City-St-Zip:	D () E FUENTES, DANII 1601 NW 79TH C MIAMI LAKES, F	CT CT		Title: Name: Address: City-St-Zip:	(	) Change()Addition	
Title: Name: Address: City-St-Zip:	TD ()E HERNANDEZ, M 15942 NW 79 CT MIAMI LAKES, F	-		Title: Name: Address: City-St-Zip:	(	) Change ()Addition	
Title: Name: Address: City-St-Zip:	SD () ERANDOLPH, GAF 7933 NW 161TH MIAMI LAKES, F	TERRACE		Title: Name: Address: City-St-Zip:	(	) Change()Addition	
Title: Name: Address: City-St-Zip:	VP () [ GANDARILLAS, I 8120 NW 159 TE MIAMI LAKES, F	RRACE		Title: Name: Address: City-St-Zip:	(	) Change()Addition	
Title: Name: Address: City-St-Zip:	1()	Delete		Title: Name: Address: City-St-Zip:	D ( FABREGAS, Ju 8113 NW 161 MIAMI LAKES,	TERRACE	

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: JORGE ALVAREZ PRES 04/28/2007