FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
99 SEP -2 PM 3:28

DOCUMENT # **N98000005249**

Corporation Name

SILVER CREEK RESIDENTS' ASSOCIATION, INC.

Principal Place of Business	Mailing Address
C/O PULTE HOME CORPORATION 9220 BONITA BEACH ROAD #215 FORT MYERS FL 34145	C/O PULTE HOME CORPORATION 9220 BONITA BEACH ROAD #215 FORT MYERS FL 34145

04-14-99 90211 021 $61.25

Principal Place of Business	26. Mailing Address	3. Date Incorporated or Qualified
		09/11/1998
Suite, Apt. #, etc.	Suite, Apt. #, etc. 27	4. FEI Number ☒ Applied For ☐ Not Applicable
City & State	City & State 28	5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
Zip Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

WOLPERT, GREG G
C/O PULTE HOME CORPORATION
9220 BONITA BEACH ROAD #215
BONITA SPRINGS FL 34135

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

	OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS	
TLE	PD	☐ DELETE	11 TITLE	☐ Change ☐ Addition
AME	WOLPERT, GREG G		12 NAME	
REET ADDRESS	C/O 9220 BONITA BEACH ROAD #215		13 STREET ADDRESS	
TY-ST-ZIP	FORT MYERS FL 34145		14 CITY-ST-ZIP	
TLE	STD	☐ DELETE	21 TITLE	☐ Change ☐ Addition
AME	W. MICHAEL MEEKS		22 NAME	
REET ADDRESS	C/O 9220 BONITA BEACH ROAD #215		23 STREET ADDRESS	
TY-ST-ZIP	FORT MYERS FL 34145		24 CITY-ST-ZIP	
TLE	VD	☒ DELETE	31 TITLE	D ☐ Change ☒ Addition
AME	R. SCOTT GRIFFITH		32 NAME	Risser, Gene
REET ADDRESS	C/O 9220 BONITA BEACH ROAD #215		33 STREET ADDRESS	28713 Stony River Pl.
TY-ST-ZIP	FORT MYERS FL 34145		34 CITY-ST-ZIP	Bonita Springs, FL
TLE		☐ DELETE	41 TITLE	☐ Change ☐ Addition
AME			42 NAME	
REET ADDRESS			43 STREET ADDRESS	
TY-ST-ZIP			44 CITY-ST-ZIP	
TLE		☐ DELETE	51 TITLE	☐ Change ☐ Addition
AME			52 NAME	
REET ADDRESS			53 STREET ADDRESS	
TY-ST-ZIP			54 CITY-ST-ZIP	
TLE		☐ DELETE	61 TITLE	☐ Change ☐ Addition
AME			62 NAME	
REET ADDRESS			63 STREET ADDRESS	
TY-ST-ZIP			64 CITY-ST-ZIP	

9/2

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ 3/31/99 (941)498-7241

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CR2E037 (11/98)