2000 UNIFORM BUSINESS REPORT (UBR)

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FILED
Jun 07, 2000 8:00 am
Secretary of State
05-08-2000 90036 045 ****61.25

DOCUMENT # N98000005249

1. Entity 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

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
c/o Integrated Property Management	c/o Integrated Property Management
Suite, Apt. #, etc. 3435 10th Street N., Suite 201	Suite, Apt. #, etc. 3435 10th Street N., Suite 201
City & State Naples, Florida	City & State Naples, Florida
Zip 34103 Country USA	Zip 34103 Country USA

4. FEI Number ~~APPLIED FOR~~ 59-3571353 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
WOLPERT, GREG G C/O PULTE HOME CORPORATION 9220 BONITA BEACH ROAD #215 BONITA SPRINGS FL 34135	Name: Shields, Christopher J. Street Address (P.O. Box Number is Not Acceptable): 1833 Hendry Street PO Drawer 1507 City: Ft. Myers **FL** Zip Code: 33902

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.

SIGNATURE _____ CHRISTOPHER SHIELDS 4/24/00
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD WOLPERT, GREG G C/O 9220 BONITA BEACH ROAD #215 FORT MYERS FL 34145	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S/T/D Reynolds, John 23608 Stony River Pl. Bonita Springs, FL 34135	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD MEEKS, W. MICHAEL C/O 9220 BONITA BEACH ROAD #215 FORT MYERS FL 34145	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V/D Smith, James 23688 Stony River Pl. Bonita Springs, FL 34135	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D RISSER, GENE 23713 STONY RIVER PL BONITA SPRINGS FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P/D Risser, Gene 23713 Stony River Pl. Bonita Springs, FL 34135	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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CR2E037 (9/99)

12. 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 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 all other like empowered.

SIGNATURE: GENE RISSER 4/19/00 941-434-7447
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #