

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2001 8:00 am
Secretary of State

05-22-2001 90632 025 ****61.25

C0069376

DO NOT WRITE IN THIS SPACE

DOCUMENT # **N98000005249**

1. Entity Name

SILVER CREEK RESIDENTS' ASSOCIATION, INC.

Principal Place of Business c/o Pulte Home Corporation 9220 Bonita Beach Rd., #215 Bonita Springs, FL 34135	Mailing Address c/o Pulte Home Corporation 9220 Bonita Beach Rd., #215 Bonita Springs, FL 34135
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2. Principal Place of Business c/o Integrated Property Management	3. Mailing Address c/o Integrated Property Management
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Suite, Apt. #, etc. 3435 10th Street N., Suite 201	Suite, Apt. #, etc. 3435 10th Street N., Suite 201
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City & State Naples, Florida	City & State Naples, Florida
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Zip 34103	Country USA	Zip 34103	Country USA
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4. FEI Number 59-3571353	Applied For ☐
	Not Applicable ☐

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

6. Name and Address of Current Registered Agent

Wolpert, Greg G.
c/o Pulte Home Corporation
9220 Bonita Beach Rd., #215
Bonita Springs, FL 34135

7. Name and Address of New Registered Agent

Name **Scott Hennells**
 Street Address (P.O. Box Number is Not Acceptable)
Unibel & Hennells
9240 Bonita Beach Rd. #3305
 City **Bonita Springs** FL Zip Code **34135**

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 **Scott D. Hennells**

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

Scott D. Hennells

4/25/01

**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	P/D Wolpert, Greg G. 9220 Bonita Beach Rd. Bonita Springs, FL	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D Reynolds, John 23608 Stonyriver Place Bonita Springs, FL	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/T/D Meeks, W. Michael 9220 Bonita Beach Rd. Bonita Springs, FL	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/D Fuchs, Judy 23267 Stonyriver Place Bonita Springs, FL	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Risser, Gene 23713 Stonyriver Place Bonita Springs, FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/T/D Risser, Gene 23713 Stonyriver Place Bonita Springs, FL	☒ 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
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

J. Reynolds

4/24/01

Date

944-434-7447

Daytime Phone #

CR2E037 (11/00)