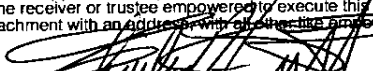


FILED
Feb 09, 2004 8:00 am
Secretary of State

DOCUMENT # N98000005249		
1. Entity Name SILVER CREEK RESIDENTS' ASSOCIATION, INC.		
Principal Place of Business 27725 OLD 41 #104 BONITA SPRINGS, FL 34135		Mailing Address 27725 OLD 41 #104 27725 OLD 41 #104 BONITA SPRINGS, FL 34135
2. Principal Place of Business		3. Mailing Address %Gulf Breeze Management Services, LLC
Suite, Apt. #, etc.		Suite, Apt. #, etc.
City & State		City & State
Zip	Country	Zip Country
6. Name and Address of Current Registered Agent		
WEIDNER, RALPH 27725 OLD 41 BONITA SPRINGS, FL 34135		Name %Gulf Breeze Management Services, LLC
		Street Address
		City
8. The above named entity submits this statement for the purpose of changing its registered office or registering a new registered agent.		
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required)		
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. ☐
10. OFFICERS AND DIRECTORS		
TITLE	PD ☐ Delete	11.
NAME	BUTT, CHARLES H	TITLE S/T
STREET ADDRESS	23656 STONY RIVER PLACE	NAME
CITY - ST - ZIP	BONITA SPRINGS, FL 34135	STREET ADDRESS
TITLE	VD ☒ Delete	TITLE V/D
NAME	SAFRON, RICHARD P	NAME Mil
STREET ADDRESS	23733 STONEY RIVER PLACE	STREET ADDRESS 237
CITY - ST - ZIP	BONITA SPRINGS, FL 34135	CITY - ST - ZIP Bon
TITLE	STD ☒ Delete	TITLE P/D
NAME	RISSER, CAROLINE M	NAME Ris
STREET ADDRESS	23713 STONEY RIVER PLACE	STREET ADDRESS 237
CITY - ST - ZIP	BONITA SPRINGS, FL 34135	CITY - ST - ZIP Bon
TITLE	☐ Delete	TITLE
NAME		NAME
STREET ADDRESS		STREET ADDRESS
CITY - ST - ZIP		CITY - ST - ZIP
TITLE	☐ Delete	TITLE
NAME		NAME
STREET ADDRESS		STREET ADDRESS
CITY - ST - ZIP		CITY - ST - ZIP
TITLE	☐ Delete	TITLE
NAME		NAME
STREET ADDRESS		STREET ADDRESS
CITY - ST - ZIP		CITY - ST - ZIP
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in the instructions to this report or supplemental report is true and accurate and that my signature shall have the effect of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 660, F.S., or on an attachment with an address change or other like amendment.		
SIGNATURE: 		Chuck Butt
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		