

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000005249

FILED
Aug 10, 2005
Secretary of State

Entity Name: SILVER CREEK RESIDENTS' ASSOCIATION, INC.

Current Principal Place of Business:

27725 OLD 41 #104
BONITA SPRINGS, FL 34135

New Principal Place of Business:

27499 RIVERVIEW CENTER BLVD
SUITE 207
BONITA SPRINGS, FL 34134

Current Mailing Address:

% GULF BREEZE MANAGEMENT SERVICES, LLC
27725 OLD 41 #104
BONITA SPRINGS, FL 34135

New Mailing Address:

%INDEPENDENT MANAGEMENT LLC
27499 RIVERVIEW CENTER BLVD #207
BONITA SPRINGS, FL 34134

FEI Number: 59-3571353 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

% GULF BREEZE MANAGEMENT SERVICES, LLC
27725 OLD 41
BONITA SPRINGS, FL 34135 US

Name and Address of New Registered Agent:

INDEPENDENT MANAGEMENT LLC
27499 RIVERVIEW CENTER BLVD
SUITE 207
BONITA SPRINGS, FL 34134 US

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: GARY PEARSON

08/10/2005

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: STD () Delete
Name: BUTT, CHARLES H
Address: 23656 STONY RIVER PLACE
City-St-Zip: BONITA SPRINGS, FL 34135

Title: VD () Delete
Name: GORDAN, MILLER J JIM
Address: 23705 STONY RIVER PLACE
City-St-Zip: BONITA SPRINGS, FL 34135

Title: PD () Delete
Name: RISSER, GENE
Address: 23713 STONEY RIVER PLACE
City-St-Zip: BONITA SPRINGS, FL 34135

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change () Addition
Name: HUCK, GREG
Address: 9757 SPRING RUN BLVD
City-St-Zip: BONITA SPRINGS, FL 34135

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: GARY PEARSON

CAM

08/10/2005

Electronic Signature of Signing Officer or Director

Date