2008 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

FILED Mar 13, 2008 8:00 am Secretary of State

03-13-2008 90024 023 ****61.25

1. Entity Name



SILVER CREEK RESIDENTS' ASSOCIATION, INC. Principal Place of Business Mailing Address 27499 RIVERVIEW CENTER BLVD %INDEPENDENT MANAGEMENT LLC 27499 RIVERVIEW CENTER BLVD #207 SUITE 207 BONITA SPRINGS, FL 34134 BONITA SPRINGS, FL 34134 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02152008 Chg-NP CR2E037 (12/06) City & State City & State 4. FEI Number Applied For 59-3571353 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent pent INDEPENDENT 11 INDEPENDENT MANAGEMENT LLC MANAGEMENT 5 27499 RIVERVIEW CENTER BLVD SUITE 207 27299 Riverview Center Bl. #102 **BONITA SPRINGS, FL 34134** Bonita Springs, FL 34134 <u>_</u> Zip Code 8. The above named entity submitter this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent SIGNATURE Signature ent and title if applicable (NOTE: Registered Agent signature required when reinstating) Filing Fee is \$61.25 9. Election Campaign Financing Make check payable to \$5.00 May Be Trust Fund Contribution. Florida Department of State Due by May 1, 2008 Added to Fees OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 STD TITLE TITLE □ Delete ☐ Change ☐ Addition **BUTT, CHARLES H** NAME NAME 23656 STONY RIVER PLACE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP BONITA SPRINGS, FL 34135 CITY-ST-ZIP PD Delete Addition VICE DIES TITLE TITLE , \square Change BUL KEEFER 27299 RIVERUEW OR BLUD # 102 NAME RISSER, GENE 15 NAME 23713 STONEY RIVER PLACE STREET ADDRESS STREET ADDRESS BONITA S DRINGS FL 34134 BONITA SPRINGS, FL 34135 CITY-ST-ZIP CITY-ST-ZIP VP Defete Change TIFLE TITLE DDESODEAT ☐ Addition BEQANSKY, TED NAME 23736 STONEY RIVER PLACE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP BONITA SPRINGS, FL 34135 CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, 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 atta an address, with all other like empowered.

NAME

STREET ADDRESS

CITY-SI-7IP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

NG OFFICER OR DIRECTOR

Daytime Phone #