

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000005249

FILED
Apr 21, 2009
Secretary of State

Entity Name: SILVER CREEK RESIDENTS' ASSOCIATION, INC.

Current Principal Place of Business:

27499 RIVERVIEW CENTER BLVD
SUITE 207
BONITA SPRINGS, FL 34134

New Principal Place of Business:

27299 RIVERVIEW CENTER BLVD
SUITE 102
BONITA SPRINGS, FL 34134

Current Mailing Address:

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

New Mailing Address:

27299 RIVERVIEW CENTER BLVD
SUITE 102
BONITA SPRINGS, FL 34134

FEI Number: 59-3571353

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

INDEPENDENT MANAGEMENT LLC
27499 RIVERVIEW CENTER BLVD
SUITE 102
BONITA SPRINGS, FL 34134 US

Name and Address of New Registered Agent:

INDEPENDENT MANAGEMENT LLC
27299 RIVERVIEW CENTER BLVD
SUITE 102
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: CHRIS RAGAIN

04/21/2009

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: VP () Delete
Name: BEQANSKY, TED
Address: 23736 STONEY RIVER PLACE
City-St-Zip: BONITA SPRINGS, FL 34135

Title: VP () Delete
Name: KEEFER, BILL
Address: 27299 RIVERVIEW CENTER BLVD STE 102
City-St-Zip: BONITA SPRINGS, FL 34134

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: P (X) Change () Addition
Name: BEQANSKY, TED
Address: 23736 STONEY RIVER PLACE
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 exemption stated 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 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: CHRIS RAGAIN

CAM

04/21/2009

Electronic Signature of Signing Officer or Director

Date