

N98 000000 5249

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

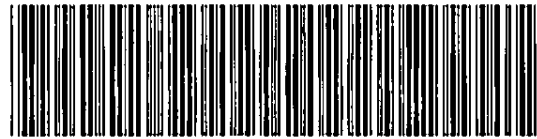
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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RA & RD change

08/23/21--01031--024 **35.00

CLERK OF SUPERIOR COURT
MICHIGAN

2021 SEP 20 AM 9:12

FILED

SEP 22 2021
A RAMSEY

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52.50

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Silver Creek Residents Association
Name of Corporation

DOCUMENT NUMBER: N98000005249

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:

Laura Vandavelde

Name of Contact Person

Advanced Property Management

Firm/Company

1035 Collier Center Way #7

Address

Naples, FL 34110

City/State and Zip Code

gthompson@apmstl.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Ginger Thompson

Name of Contact Person

at (239)

513-9433

Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303



FLORIDA DEPARTMENT OF STATE
Division of Corporations

SEP 20 AM 11:30

September 3, 2021

LAURA VENDEVELDE
ADVANCED PROPERTY MANAGEMENT
1035 COLLIER CENTER WAY #7
NAPLES, FL 34110 US

SUBJECT: SILVER CREEK RESIDENTS' ASSOCIATION, INC.
Ref. Number: N98000005249

We have received your document for SILVER CREEK RESIDENTS' ASSOCIATION, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The current name of the entity is as referenced above. Please correct your document accordingly.

Please put the name and address of the current registered agent in paragraph 5. Please put the name of the new registered agent and the new registered address in paragraph 6.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6823.

Annette Ramsey
OPS

Letter Number: 421A00021358

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH
FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida _____ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Silver Creek Residents Association
2. The principal office address: 1035 Collier Center Way #7 Naples, FL 34110
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 8/1/21 Document number: N98000005249
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

MAS-ASCUSA Joseph
1046 JACKSON SQUARE DR
ESTERO FL 33928

2021 SEP 20 AM 9:12
FILED
SECRETARY OF STATE
TALLAHASSEE, FL 32314

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

JAMES MORDAUNT Advanced Property Management
1035 Collier Center Way #7
NAPLES FL 34110

P.O. Box NOT acceptable

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

J. Skowpa
Signature of an officer or director

James Skorupa, President Silver Creek HOA
Printed or typed name and title

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

[Signature]
Signature of Registered Agent

8/9/21
Date

If signing on behalf of an entity:

JAMES MORDAUNT
Typed or Printed Name

*** FILING FEE: \$35.00 ***

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (04/13)