

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 24, 2008 8:00 am
Secretary of State

01-24-2008 90048 020 ****61.25

DOCUMENT # N99000003890 1. Entity Name SILVERADO OWNERS ASSOCIATION, INC.					
Principal Place of Business MIAMI MANAGEMENT 1145 SAWGRASS CORP PKWY SUNRISE, FL 33323 US			Mailing Address MIAMI MANAGEMENT 1145 SAWGRASS CORP PKWY SUNRISE, FL 33323 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 65-0949108	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
BAUMAN, DAVID M 4050 W. BROWARD BLVD PLANTATION, FL 33317				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	Resident <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LOVELL-MARTIN, NIGEL		NAME	Lovell-Martin, Nigel	
STREET ADDRESS	787 S. SILVERADO CIRCLE		STREET ADDRESS	1145 Sawgrass Corp PKWY	
CITY-ST-ZIP	DAVIE, FL		CITY-ST-ZIP	SUNRISE, FL 33323	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	Secretary <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	CARUSO, TOM		NAME	Sonja Ramirez	
STREET ADDRESS	7945 S SILVERADO CIRCLE		STREET ADDRESS	1145 Sawgrass Corporate PKWY	
CITY-ST-ZIP	DAVIE, FL 33024		CITY-ST-ZIP	Sunrise FL 33383	
TITLE	T	<input type="checkbox"/> Delete	TITLE	Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	TORRES, ROSA		NAME	Torres, Rosa	
STREET ADDRESS	N. SILVERADO CIRCLE		STREET ADDRESS	1145 Sawgrass Corp PKWY	
CITY-ST-ZIP	DAVIE, FL 33024		CITY-ST-ZIP	Sunrise FL 33323	
TITLE	SD	<input type="checkbox"/> Delete	TITLE	Vice President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	JENKINS-HARRIS, BRENDA		NAME	Jenkins-Harris, Brenda	
STREET ADDRESS	4101 W SILVERADO CIRCLE		STREET ADDRESS	1145 Sawgrass Corp. PKWY	
CITY-ST-ZIP	DAVIE, FL		CITY-ST-ZIP	Sunrise FL 33323	
TITLE	D	<input type="checkbox"/> Delete	TITLE	Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MONCHER, RICHARD		NAME	Moncher, Richard	
STREET ADDRESS	7891 S SILVERADO CIRCLE		STREET ADDRESS	1145 Sawgrass Corp. PKWY	
CITY-ST-ZIP	DAVIE, FL 33024		CITY-ST-ZIP	Sunrise, FL 33323	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	Treasurer <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	ABREU, LUIS		NAME	Gannim Shariff	
STREET ADDRESS	W. SILVERADO CIRCLE		STREET ADDRESS	1145 Sawgrass Corp. PKWY	
CITY-ST-ZIP	DAVIE, FL		CITY-ST-ZIP	SUNRISE, FL 33323	
12. I hereby certify that the information supplied with this filing 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 attachment with an address, with all other like empowered.					
SIGNATURE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date 01/17/08 Daytime Phone # _____		

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ENTITY NAME: SILVERADO OWNERS ASSOCIATION, INC

ADDITIONAL DIRECTOR

DIRECTOR
Marco Zaracha
1145 SAWGRASS CORP. PKWY
SUNRISE, FL 33323

ATTACHMENT
ATTACHMENT

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