2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2009
Secretary of State

DOCUMENT# N99000003890

Entity Name: SILVERADO OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

MIAMI MANAGEMENT
1145 SAWGRASS CORP PKWY
SUNRISE, FL 33323 US

New Principal Place of Business:

Current Mailing Address:

MIAMI MANAGEMENT
1145 SAWGRASS CORP PKWY
SUNRISE, FL 33323 US

New Mailing Address:

FEI Number: 65-0949108 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BAUMAN, DAVID M
4050 W. BROWARD BLVD
PLANTATION, FL 33317 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	P	( ) Delete
Name:	LOVELL-MARTIN, NIGEL	
Address:	1145 SAWGRASS CORP PKWY	
City-St-Zip:	SUNRISE, FL 33323	
Title:	S	( ) Delete
Name:	RAMIREZ, SONIA	
Address:	1145 SAWGRASS CORPORATE PKWY	
City-St-Zip:	SUNRISE, FL 33323	
Title:	D	( ) Delete
Name:	TORRES, ROSA	
Address:	1145 SAWGRASS CORP PKWY	
City-St-Zip:	SUNRISE, FL 33323	
Title:	VP	( ) Delete
Name:	JENKINS-HARRIS, BRENDA	
Address:	1145 SAWGRASS CORP. PKWY	
City-St-Zip:	SUNRISE, FL 33323	
Title:	D	( ) Delete
Name:	MONCHER, RICHARD	
Address:	1145 SAWYGRASS CORP. PKWY	
City-St-Zip:	SUNRISE, FL 33323	
Title:	T	( ) Delete
Name:	SHARIFF, GANNIM	
Address:	1145 SAWGRASS CORP. PKWY	
City-St-Zip:	SUNRISE, FL 33323	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	D	(X) Change ( ) Addition
Name:	ZARACHA, MARCO	
Address:	1145 SAWGRASS CORP PKWY	
City-St-Zip:	SUNRISE, FL 33323	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
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: NIGEL LOVELL-MARTIN P 04/17/2009

Electronic Signature of Signing Officer or Director — Date