

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000004278

Entity Name: SILVERCREST LAKE ESTATES SOUTH HOMEOWNERS' ASSOCIATION, INC.**Current Principal Place of Business:**15720 NW 82ND AVENUE
MIAMI LAKES, FL 33016**Current Mailing Address:**THE CAPIN GROUP
7787 NW 146TH STREET
MAIMI LAKES, FL 33016 US**FEI Number: 65-1037171****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**DIAZ, KEVIN ESQ.
7900 MIAMI LAKES DRIVE
SUITE 202
MIAMI LAKES, FL 33016 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: KEVIN DIAZ****02/25/2019**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	DIRECTOR
Name	WATKINS, CHARLES
Address	15723 NW 81 CT
City-State-Zip:	MIAMI LAKES FL 33016

Title	TREASURER
Name	MAYA MUNNE, JENNY
Address	7980 NW 156 TERRACE
City-State-Zip:	MIAMI LAKES FL 33016

Title	PRESIDENT
Name	HARMS, ANNE LOUISE
Address	7942 NW 158 TERRACE
City-State-Zip:	MIAMI LAKES FL 33016

Title	VP
Name	RAMIREZ, ROBERT
Address	7971 NW 156TH TERRACE
City-State-Zip:	MIAMI LAKES FL 33016

Title	SECRETARY
Name	TOMAS, PETER
Address	15702 NW 79TH COURT
City-State-Zip:	MIAMI LAKES FL 33016

Title	DIRECTOR
Name	ZHAO, YUAN
Address	15803 NW 81ST COURT
City-State-Zip:	MIAMI LAKES FL 33016

I hereby 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 all other like empowered.

SIGNATURE: ANNE LOUISE HARMS**PRESIDENT****02/25/2019**

Electronic Signature of Signing Officer/Director Detail

Date