ing Address.			
5 AVE 33032 US			
20-2864092		Certificate of Status De	esired: Yes
ddress of Current Registered Agent:			
/ERA, HYMAN, LERNER PA . CIRCLE R S, FL 33134 US			
entity submits this statement for the purpose of changing its regist	tarad office as regio	tered agent or both in the State of	Florida
entity submits this statement for the purpose of changing its regist	lered onice of regis	torou ugori, or souri, in the otate or	nonda.
: FRANCES LIGUORI	lered onice of regis		01/29/2019
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FRANCES LIGUORI			01/29/2019
FRANCES LIGUORI Electronic Signature of Registered Agent	Title	VP	01/29/2019
FRANCES LIGUORI Electronic Signature of Registered Agent tor Detail :			01/29/2019
FRANCES LIGUORI Electronic Signature of Registered Agent tor Detail : P	Title	VP	01/29/2019
FRANCES LIGUORI Electronic Signature of Registered Agent From Detail : P PELAEZ, MAURICIO	Title Name	VP VAZQUEZ, JESUS 23770 SW 115 AVE	01/29/2019
FRANCES LIGUORI Electronic Signature of Registered Agent Electronic Signature of Registered Agent P PELAEZ, MAURICIO 23770 SW 115 AVE	Title Name Address	VP VAZQUEZ, JESUS 23770 SW 115 AVE	01/29/2019
FRANCES LIGUORI Electronic Signature of Registered Agent tor Detail : P PELAEZ, MAURICIO 23770 SW 115 AVE MIAMI FL 33032	Title Name Address	VP VAZQUEZ, JESUS 23770 SW 115 AVE	01/29/2019
FRANCES LIGUORI Electronic Signature of Registered Agent FOR Detail : P PELAEZ, MAURICIO 23770 SW 115 AVE MIAMI FL 33032 S/T	Title Name Address	VP VAZQUEZ, JESUS 23770 SW 115 AVE	01/29/2019
	<b>20-2864092</b> ddress of Current Registered Agent: /ERA, HYMAN, LERNER PA . CIRCLE R S, FL 33134 US	<b>20-2864092</b> ddress of Current Registered Agent: /ERA, HYMAN, LERNER PA . CIRCLE R S, FL 33134 US	3032 US       20-2864092       Certificate of Status De         ddress of Current Registered Agent:       VERA, HYMAN, LERNER PA       CIRCLE         R       S, FL 33134 US       S, FL 33134 US

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: MAURICIO PELAEZ

Electronic Signature of Signing Officer/Director Detail

PRESIDENT

01/29/2019 Date

FILED Jan 29, 2019 **Secretary of State** 4608211296CC

## 2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N0500005191

Entity Name: SILVER PALMS BY LENNAR COMMUNITY ASSOCIATION, INC.

## **Current Principal Place of Business:**

8200 NW 33RD STREET, SUITE 300 MIAMI, FL 33122

## **Current Mailing Address:**