Entity Name: SILVERISLES HOMEOWNERS ASSOCIATION, INC.

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

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

C/O AMERICAN MANAGEMENT GROUP, LLC 9050 PINES BOULEVARD SUITE 480 PEMBROKE PINES, FL 33024

## **Current Mailing Address:**

DOCUMENT# N9700002342

C/O AMERICAN MANAGEMENT GROUP, LLC 9050 PINES BOULEVARD SUITE 480 PEMBROKE PINES, FL 33024 US

## FEI Number: 65-0830862

### Name and Address of Current Registered Agent:

EISINGER, BROWN, LEWIS & FRANKEL, PA 4000 HOLLYWOOD BOULEVARD SUITE 265-SOUTH HOLLYWOOD, FL 33021 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	: DENNIS EISINGER		04/16/2015
	Electronic Signature of Registered Agent		Date
Officer/Dire	ctor Detail :		
Title	DVP	Title	DP
Name	BOGA, BILL	Name	WASHINGTON, EMANUEL
Address	C/O AMERICAN MANAGEMENT GROUP, LLC 9050 PINES BOULEVARD SUITE 480	Address	C/O AMERICAN MANAGEMENT GROUP, LLC 9050 PINES BOULEVARD SUITE 480
City-State-Zip:	PEMBROKE PINES FL 33024	City-State-Zip:	PEMBROKE PINES FL 33024
Title	DT	Title	SD
Name	LE ROSE, TONY	Name	GORFINKEL, EDWARD
Address	C/O AMERICAN MANAGEMENT GROUP, LLC 9050 PINES BOULEVARD SUITE 480	Address	C/O AMERICAN MANAGEMENT GROUP, LLC 9050 PINES BOULEVARD SUITE 480
City-State-Zip:	PEMBROKE PINES FL 33024	City-State-Zip:	PEMBROKE PINES FL 33024
Title	D	Title	DIRECTOR
Name	CARBALLO, JORGE	Name	JAMES, MARCUS
Address	C/O AMERICAN MANAGEMENT GROUP, LLC 9050 PINES BOULEVARD SUITE 480	Address	C/O AMERICAN MANAGEMENT GROUP, LLC 9050 PINES BOULEVARD SUITE 480
City-State-Zip:	PEMBROKE PINES FL 33024	City-State-Zip:	PEMBROKE PINES FL 33024
Title	DIRECTOR		
Name	GIRALDO, NELSON		
Address	C/O AMERICAN MANAGEMENT GROUP, LLC 9050 PINES BOULEVARD SUITE 480		
City-State-Zip:	PEMBROKE PINES FL 33024		

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: EMANUEL WASHINGTON

PRESIDENT

# FILED Apr 16, 2015 Secretary of State CC0166811581

Certificate of Status Desired: No