

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000002342

FILED
Jun 19, 2020
Secretary of State
9322989794CC

Entity Name: SILVERISLES HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

C/O REALMANAGE/ASG
9050 PINES BLVD SUITE 480
PEMBROKE PINES, FL 33024

Current Mailing Address:

C/O ASSOCIATION SPECIALTY GROUP LLC
P O BOX 803555
DALLAS, TX 75380 US

FEI Number: 65-0830862

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

KATZMAN CHANDLER
1500 W CYPRESS CREEK RD
SUITE 408
FORT LAUDERDALE, FL 33309 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: LEIGH C. KATZMAN

06/19/2020

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name WASHINGTON, EMANUEL
Address C/O ASSOCIATION SPECIALTY
 GROUP LLC
 9050 PINES BOULEVARD SUITE 480
City-State-Zip: PEMBROKE PINES FL 33024

Title VICE PRESIDENT
Name GORFINKEL , EDWARD
Address C/O ASSOCIATION SPECIALTY
 GROUP LLC
 9050 PINES BOULEVARD SUITE 480
City-State-Zip: PEMBROKE PINES FL 33024

Title TREASURER
Name LEROSE, TONY
Address C/O ASSOCIATION SPECIALTY
 GROUP LLC
 9050 PINES BOULEVARD SUITE 480
City-State-Zip: PEMBROKE PINES FL 33024

Title SECRETARY
Name GIRALDO, NELSON
Address C/O ASSOCIATION SPECIALTY
 GROUP LLC
 9050 PINES BOULEVARD SUITE 480
City-State-Zip: PEMBROKE PINES FL 33024

Title DIRECTOR
Name BOGA, BILL
Address C/O ASSOCIATION SPECIALTY
 GROUP LLC
 9050 PINES BOULEVARD SUITE 480
City-State-Zip: PEMBROKE PINES FL 33024

Title DIRECTOR
Name JAMES, MARCUS
Address C/O ASSOCIATION SPECIALTY
 GROUP LLC
 9050 PINES BOULEVARD SUITE 480
City-State-Zip: PEMBROKE PINES FL 33024

Title DIRECTOR
Name CARBALLO, JORGE
Address C/O ASSOCIATION SPECIALTY
 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

06/19/2020

