

**2022 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# N97000002342

**Entity Name:** SILVERISLES HOMEOWNERS ASSOCIATION, INC.

**FILED  
Sep 01, 2022  
Secretary of State  
9020303831CC**

**Current Principal Place of Business:**

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

**Current Mailing Address:**

C/O REALMANAGE  
P O BOX 803555  
DALLAS, TX 75380 US

**FEI Number: 65-0830862**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

BOLIN, PEYTON  
3343 W COMMERCIAL BOULEVARD  
SUITE 100  
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: PEYTON BOLIN**

**09/01/2022**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title SECRETARY  
Name BURGOS, JOSE  
Address C/O REALMANAGE  
9050 PINES BLVD SUITE 480  
City-State-Zip: PEMBROKE PINES FL 33024

Title DIRECTOR  
Name VILLALOBOS, IGOR  
Address C/O REALMANAGE  
9050 PINES BLVD SUITE 480  
City-State-Zip: PEMBROKE PINES FL 33024

Title PRESIDENT  
Name CLARKE, BERNADETTE  
Address C/O REALMANAGE  
9050 PINES BLVD SUITE 480  
City-State-Zip: PEMBROKE PINES FL 33024

Title VP  
Name MOINUNDDIN, SHOAIB  
Address C/O REALMANAGE  
9050 PINES BLVD SUITE 480  
City-State-Zip: PEMBROKE PINES FL 33024

Title TREASURER  
Name CHUY, PAMELA  
Address C/O REALMANAGE  
9050 PINES BLVD SUITE 480  
City-State-Zip: PEMBROKE PINES FL 33024

Title DIRECTOR  
Name ARAMAYO, GONZALO  
Address C/O REALMANAGE  
9050 PINES BLVD SUITE 480  
City-State-Zip: PEMBROKE PINES FL 33024

Title DIRECTOR  
Name MAJOR, KARINA  
Address C/O REALMANAGE  
9050 PINES BLVD 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: BERNADETTE CLARKE**

**PRESIDENT**

**09/01/2022**

Electronic Signature of Signing Officer/Director Detail

Date