

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 704233

1. Entity Name

SYLVESTER SHORES ASSOCIATION INC

FILED
Mar 02, 2000 8:00 am
Secretary of State

03-02-2000 90183 007 ****61.25

Principal Place of Business	Mailing Address
S. V. HOUGHTALING 2024 JOHN ARTHUR LAKELAND FL 33803	S. V. HOUGHTALING 2024 JOHN ARTHUR LAKELAND FL 33803-3512



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-2793225	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

HOUGHTALING, S. V.
2024 JOHN ARTHUR
LAKELAND FL 33803

7. Name and Address of New Registered Agent

Name _____

Street Address (P.O. Box Number is Not Acceptable) _____

City **FL** Zip Code _____

8. 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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS

TITLE	P <input checked="" type="checkbox"/> Delete
NAME	RAGAN, TOM
STREET ADDRESS	2129 SYLVESTER CT.
CITY-ST-ZIP	LAKELAND, FL 00000
TITLE	STD <input type="checkbox"/> Delete
NAME	PHELPS, HELEN
STREET ADDRESS	2247 NOTTINGHAM RD.
CITY-ST-ZIP	LAKELAND, FL 00000
TITLE	VPD <input type="checkbox"/> Delete
NAME	CONNER, DANNY
STREET ADDRESS	2103 SYLVESTER CT.
CITY-ST-ZIP	LAKELAND, FL 00000
TITLE	CD <input type="checkbox"/> Delete
NAME	WILLIAMS, JASON
STREET ADDRESS	2008 HALLMARK
CITY-ST-ZIP	LAKELAND FL
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED *2/21/00* *(863) 293-5609*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)