

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 704233

1. Entity Name

SYLVESTER SHORES ASSOCIATION INC

Principal Place of Business

Mailing Address

V. HOUGHTALING
2024 JOHN ARTHUR
LAKELAND FL 33803

S. V. HOUGHTALING
2024 JOHN ARTHUR
LAKELAND FL 33803

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

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	☐ Delete
NAME	RAGAN, TOM	
STREET ADDRESS	2129 SYLVESTER CT.	
CITY-ST-ZIP	LAKELAND, FL 00000	
TITLE	STD	☐ Delete
NAME	PHELPS, HELEN	
STREET ADDRESS	2247 NOTTINGHAM RD.	
CITY-ST-ZIP	LAKELAND, FL 00000	
TITLE	VPD	☐ Delete
NAME	CONNER, DANNY	
STREET ADDRESS	2103 SYLVESTER CT.	
CITY-ST-ZIP	LAKELAND, FL 00000	
TITLE	CD	☒ Delete
NAME	WILLIAMS, JASON	
STREET ADDRESS	2008 HALLMARK	
CITY-ST-ZIP	LAKELAND FL	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/22/02

Date

(863) 295-5889

Daytime Phone #

FILED
Jun 03, 2002 8:00 am
Secretary of State

05-06-2002 90293 043 ****61.25

DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)

Second Request

Attachment ^{34 186}
Document # ^{34 186}
704233

Sylvester Shores Association, Inc.
2247 Nottingham Rd.
Lakeland, FL 33803

April 18, 2002

Department of State
Division of Corporations
Corporate Filings
P.O. Box 6327
Tallahassee, FL 32399

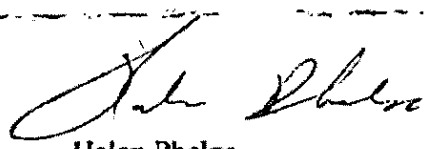
Ref: Document # 704233
Sylvester Shores Association, Inc.
FEI #59-2793225

Dear Sirs,

It has come to our attention that we have paid our annual filing fee twice this year. Once on 6/8/01 with check # 202 in the amount of \$61.25 by Sylvester Shores Association, Inc., and once on 9/1/01 with check # 6362 in the amount of \$61.25 by Danny Conner. Please refund the extra payment of \$61.25 via check made out to:

Sylvester Shores Association, Inc.
c/o Helen Phelps, Secretary/Treasurer
2247 Nottingham Rd.
Lakeland, FL 33803

Sincerely,
Sylvester Shores Association, Inc.


Helen Phelps
Secretary/Treasurer

gah