

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 04, 2000 8:00 am
Secretary of State

03-04-2000 90116 001 ****61.25

DOCUMENT # 739604

1. Entity Name

THE ESTATES OF SILVERLAKE PROPERTY OWNERS' ASOCI

Principal Place of Business

Mailing Address

2306 SW 23RD CRANBROOK DR.
 BOYNTON BEACH FL 33436

2306 SW 23RD CRANBROOK DR.
 BOYNTON BEACH FL 33436-5724

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

59-2286964

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

NOVITA, SUZANNE
ESTATES OF SILVERLAKE
2668 SW 23RD CRANBROOK DR
BOYNTON BEACH FL 33436-5704

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 | PD | <input type="checkbox"/> Delete |
| NAME | SUZANNE, NOVITA | |
| STREET ADDRESS | 2668 SW 23RD CRANBROOK DR | |
| CITY-ST-ZIP | BOYNTON BEACH FL | |
| TITLE | S | <input type="checkbox"/> Delete |
| NAME | STONE, PATRICIA | |
| STREET ADDRESS | 2410 SW 23RD CRANBROOK DR | |
| CITY-ST-ZIP | BOYNTON BEACH FL 33436 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | BESSELL, MICHAEL | |
| STREET ADDRESS | 2657 CRANBROOK DRIVE | |
| CITY-ST-ZIP | BOYNTON BCH FL 33436 | |
| TITLE | TD | <input checked="" type="checkbox"/> Delete |
| NAME | PODESWA, HAROLD | |
| STREET ADDRESS | 2332 S.W. 23RD CRANBROOK | |
| CITY-ST-ZIP | BOYNTON BEACH FL | |
| TITLE | VD | <input checked="" type="checkbox"/> Delete |
| NAME | REED, JAMES | |
| STREET ADDRESS | 2458 SW CRANBROOK DRIVE | |
| CITY-ST-ZIP | BOYTON BEACH FL | |
| TITLE | D | <input checked="" type="checkbox"/> Delete |
| NAME | DUBE, STANLEY J | |
| STREET ADDRESS | 2734 SW 23RD CRANBROOK DR | |
| CITY-ST-ZIP | BOYNTON BEACH FL 33436 | |

| | | |
|----------------|------------------------------|--|
| 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 | TD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | STONE, CHARLES | |
| STREET ADDRESS | 2410 SW 23RD CRANBROOK DR | |
| CITY-ST-ZIP | BOYNTON BEACH, FL 33436 | |
| TITLE | VD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | REED ROGERS, JOHN | |
| STREET ADDRESS | 2713 SW 23RD CRANBROOK DR | |
| CITY-ST-ZIP | BOYNTON BEACH, FL 33436 | |
| TITLE | D | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | DELLISANTI, RICHARD | |
| STREET ADDRESS | 2406 SW 23RD CRANBROOK DR | |
| CITY-ST-ZIP | BOYNTON BEACH, FL 33436 | |

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 SECURED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/27/00 561-820-1300
 Date Daytime Phone #

CR2E037 (9/99)