

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 29, 2002 8:00 am
Secretary of State

04-28-2002 90756 001 ***211.25

87230

DOCUMENT # N01000007899

1. Entity Name

ENCLAVE AT SILVER OAK NEIGHBORHOOD ASSOCIATION, INC.

Principal Place of Business

Mailing Address

66 ISLAND CIR
 SARASOTA FL 34242

66 ISLAND CIR
 SARASOTA FL 34242

2. Principal Place of Business

3. Mailing Address

8865 Enclave CT

8865 Enclave CT

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Sarasota FL

Sarasota FL

City & State

City & State

Zip

Country

Zip

Country

34238 USA

34238 USA

4. FEI Number

Applied For
 Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

8. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

REES, STEPHEN D ESQUIRE
 2033 MAIN STREET
 SARASOTA FL 34237

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	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
DPT	PERLEY, LYALL J JR	66 ISLAND CIR	SARASOTA FL 34242	<input type="checkbox"/>
DV	PHILLIPS, ROD E JR	535 BEACH RD	SARASOTA FL 34242	<input type="checkbox"/>
DS	PHILLIPS, CHRISTY P	535 BEACH RD	SARASOTA FL 34242	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
		8865 ENCLAVE CT	SARASOTA FL 34238	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 LYALL PERLEY

4-15-02 941 925 7594
 Date Daytime Phone #

CR2E037 (9/01)