

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 31, 2000 8:00 am**  
**Secretary of State**

03-31-2000 90011 050 \*\*\*\*61.25

**DOCUMENT # N19494**

1. Entity Name  
**SILVER LAKE HOMEOWNERS ASSOCIATION, INC.**

Principal Place of Business      Mailing Address  
 P.O. BOX 950455      P.O. BOX 950455  
 LAKE MARY FL 32795-7455      LAKE MARY FL 32795-0455

2. Principal Place of Business      3. Mailing Address  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-2877230**      Applied For  Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**EPM SERVICES, INC.**  
**165 WEST STATE ROAD 434**  
**WINTER SPRINGS FL 32708**

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]*      **Anne Russell, Pres EPM Services Inc**      **3/20/00**  
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<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D</b><br><b>WINGER, MARTIN</b><br><b>818 SILK OAK TERRACE</b><br><b>LAKE MARY FL</b> <input type="checkbox"/> Delete       | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition                      |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D</b><br><b>MCNEAL, HOWARD</b><br><b>796 SILVERWOOD DR</b><br><b>LAKE MARY FL 32746</b> <input type="checkbox"/> Delete    | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <b>DP</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D</b><br><b>SUTTER, DAVID</b><br><b>872 SILVERWOOD DR</b><br><b>LAKE MARY FL 32746</b> <input type="checkbox"/> Delete     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <b>DV</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D</b><br><b>BOWMAN, DENNY</b><br><b>866 SHRIVER CIR</b><br><b>LAKE MARY FL</b> <input type="checkbox"/> Delete             | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition                      |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>DP</b><br><b>LANGILLE, STEVE</b><br><b>818 SHRIVER CIRCLE</b><br><b>LAKE MARY FL 32746</b> <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <b>D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>DST</b><br><b>VANDERSCHAAF, FRED</b><br><b>772 SILVERWOOD DR</b><br><b>LAKE MARY FL</b> <input type="checkbox"/> Delete    | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition                      |

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 another like empowered.

SIGNATURE *[Signature]*      **3/23/2000**      **(407) 862-3900**  
Signature and typed or printed name of signing officer or director      Date      Daytime Phone #

CR2E037 (9/99)

Attack  
C0048701  
# N19494

SILVER LAKE HOMEOWNERS ASSOCIATION, INC.

Document # N19494

FEI Number 59-2877230

Additional Directors:

D  
EDOM, DON  
890 SHRIVER CIRCLE  
LAKE MARY FL

D  
STUART, JENNIFER  
864 SILVERWOOD DR.  
LAKE MARY FL