

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 25, 2002 8:00 am
Secretary of State
 03-25-2002 90186 045 ****61.25

SECRET

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 32795-7455



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
165 WEST STATE ROAD 434 **P.O. BOX 915322**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
WINTER SPRINGS FL **LONGWOOD FL**

Zip Country Zip Country
32708 **USA** **32791** **USA**

4. FEI Number Applied For
59-2877230 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
NATIONAL ASSOCIATION MANAGEMENT COMPANY
 Street Address (P.O. Box Number is Not Acceptable)
165 WEST STATE ROAD 434
 City State Zip Code
WINTER SPRINGS FL 32708

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: **MARC A. BLUM** DATE: **2/26/2002**
(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing \$5.00 May Be Added to Fees
 Trust Fund Contribution.

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	WINGER, MARTIN	
STREET ADDRESS	818 SILK OAK TERRACE	
CITY-ST-ZIP	LAKE MARY FL	
TITLE	DP	<input checked="" type="checkbox"/> Delete
NAME	MCNEAL, HOWARD	
STREET ADDRESS	796 SILVERWOOD DR	
CITY-ST-ZIP	LAKE MARY FL 32746	
TITLE	DV	<input type="checkbox"/> Delete
NAME	SUTTER, DAVID	
STREET ADDRESS	872 SILVERWOOD DR	
CITY-ST-ZIP	LAKE MARY FL 32746	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BOWMAN, DENNY	
STREET ADDRESS	866 SHRIVER CIR	
CITY-ST-ZIP	LAKE MARY FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	LANGILLE, STEVE	
STREET ADDRESS	818 SHRIVER CIRCLE	
CITY-ST-ZIP	LAKE MARY FL 32746	
TITLE	DST	<input type="checkbox"/> Delete
NAME	VANDERSCHAAF, FRED	
STREET ADDRESS	772 SILVERWOOD DR	
CITY-ST-ZIP	LAKE MARY FL	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	DP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SYKORA, FLOYD	
STREET ADDRESS	852 SILVERWOOD DR.	
CITY-ST-ZIP	LAKE MARY, FL 32746	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	COLLINGS, DEBBIE	
STREET ADDRESS	808 SILVERWOOD DR.	
CITY-ST-ZIP	LAKE MARY, FL 32746	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SHAH, SARITA	
STREET ADDRESS	803 SHRIVER CIRCLE	
CITY-ST-ZIP	LAKE MARY, FL 32746	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HACKERT JEFFERY	
STREET ADDRESS	848 SILVERWOOD DR.	
CITY-ST-ZIP	LAKE MARY, FL 32746	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	EDOM, DON	
STREET ADDRESS	890 SHRIVER CIRCLE	
CITY-ST-ZIP	LAKE MARY, FL 32746	
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: DATE: **2/19/02** DAYTIME PHONE #: **407-324-2475**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)