

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 18, 2003 8:00 am
Secretary of State

04-18-2003 90108 025 ****61.25

0072987

DOCUMENT # N19494

1. Entity Name

SILVER LAKE HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business

**165 WEST STATE ROAD 434
WINTER SPRINGS FL 32708
US**

Mailing Address

**P O BOX 915322
LONGWOOD FL 32791
US**

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 **59-2877230**

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**NATIONAL ASSOCIATION MANAGEMENT COMPANY
165 WEST STATE ROAD 434
WINTER SPRINGS FL 32708**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

[Handwritten Signature]

MARC A Blum - Paes.

3/31/2003

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 Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	DP	<input type="checkbox"/> Delete
NAME	SYKORA, FLOYD	
STREET ADDRESS	852 SILVERWOOD DR	
CITY-ST-ZIP	LAKE MARY FL 32746	
TITLE	D	<input type="checkbox"/> Delete
NAME	COLLINGS, DEBBIE	
STREET ADDRESS	808 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 type="checkbox"/> Delete
NAME	SHAH, SARITA	
STREET ADDRESS	803 SHRIVER CIRCLE	
CITY-ST-ZIP	LAKE MARY FL 32746	
TITLE	D	<input type="checkbox"/> Delete
NAME	LANGILLE, STEVE	
STREET ADDRESS	818 SHRIVER CIRCLE	
CITY-ST-ZIP	LAKE MARY FL 32746	
TITLE	DST	<input checked="" type="checkbox"/> Delete
NAME	VANDERSCHAAF, FRED	
STREET ADDRESS	772 SILVERWOOD DR	
CITY-ST-ZIP	LAKE MARY FL	

TITLE	S/T/D	<input checked="" 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	P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KIM WICKS	
STREET ADDRESS	777 SILVERWOOD DR.	
CITY-ST-ZIP	LAKE MARY, FL 32746	

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: *[Handwritten Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-25-03 407 327 5824

Date Daytime Phone #

CR2E037 (10/02)

Attachment

90092126

SILVER LAKE HOMEOWNERS ASSOCIATION, INC.

FEI 59-2877230

DOCUMENT N 19494

D
Don Edom
890 Shriver Cir.
Lake Mary, FL 32746

~~D
Jeffrey Hackert
848 Silverwood Drive
Lake Mary, FL 32746~~

Delete