

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N26869

1. Entity Name

SILVER LAKES TRADE CENTER CONDOMINIUM ASSOCIATIO

FILED
Apr 10, 2000 8:00 am
Secretary of State

04-10-2000 90051 015 ****61.25

Principal Place of Business 106 COMMERCE ST. SUITE 110 LAKE MARY FL 32746 US	Mailing Address 106 COMMERCE ST. SUITE 110 LAKE MARY FL 32746-6217 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State
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4. FEI Number 59-2920377	Applied For <input type="checkbox"/> Not Applicable
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Zip	Country	Zip	Country
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

HEYSE, LINDA J
 106 COMMERCE ST.
 #109
 LAKE MARY FL 32746

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, 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

TITLE	D <input type="checkbox"/> Delete
NAME	WILKINSON, RICHARD W
STREET ADDRESS	106 COMERCE ST., #109
CITY-ST-ZIP	LAKE MARY FL 32746
TITLE	PD <input type="checkbox"/> Delete
NAME	ADDISON, A. C
STREET ADDRESS	106 COMMERCE ST., #108
CITY-ST-ZIP	LAKE MARY FL
TITLE	ST <input type="checkbox"/> Delete
NAME	HEYSE, LINDA J
STREET ADDRESS	106 COMMERCE ST., #109
CITY-ST-ZIP	LAKE MARY FL 32746
TITLE	VPD <input type="checkbox"/> Delete
NAME	NYE, T. A
STREET ADDRESS	106 COMMERCE ST., #106
CITY-ST-ZIP	LAKE MARY FL
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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	<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	

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: Linda J. Heyse, Secretary **4/05/00** **407-333-8006**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)