

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 22, 2002 8:00 am**  
**Secretary of State**

04-22-2002 90320 009 \*\*\*\*61.25

**DOCUMENT # N49843**

1. Entity Name

**SILVER PALMS HOMEOWNERS ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

**THE TIMBERLAKE GROUP INC**  
**5050 N W 74TH AVENUE**  
**MIAMI FL 33166**  
**US**

**C/O TIMBERLAKE GROUP, INC.**  
**5050 N.W. 74TH AVENUE**  
**MIAMI FL 33166**  
**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

**65-0398371**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**DUGGER, ROBERT A**  
**5050 N W 74TH AVENUE**  
**8405 NW 53 ST., A102**  
**MIAMI FL 33166**

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	PD RODRIGUEZ, JOHNNY	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	10413 SW 23 ST	
CITY-ST-ZIP	MIAMI FL 33165	
TITLE NAME	VPD CALVINO, ENI	<input type="checkbox"/> Delete
STREET ADDRESS	10410 SW 22 ST	
CITY-ST-ZIP	MIAMI FL 33165	
TITLE NAME	SD BELLO, PEDRO A	<input type="checkbox"/> Delete
STREET ADDRESS	2166 SW 103 PL	
CITY-ST-ZIP	MIAMI FL 33165	
TITLE NAME	TD SANTAYANA, PATRICIA	<input type="checkbox"/> Delete
STREET ADDRESS	10351 SW 20 TERR	
CITY-ST-ZIP	MIAMI FL 33165	
TITLE NAME	VPD CUZA, RUBEN	<input type="checkbox"/> Delete
STREET ADDRESS	2125 SW 103 PL	
CITY-ST-ZIP	MIAMI FL 33165	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

TITLE NAME	ana VABQUEZ	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	10381 SW 20 Terr.	
CITY-ST-ZIP	MIAMI, Fla. 33165	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)