

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000006284

FILED
May 02, 2000 8:00 am
Secretary of State

05-02-2000 90002 020 ****61.25

1. Entity Name

SILVER SPRINGS VILLAGE PROPERTY OWNERS ASSOCIATI

Principal Place of Business

Mailing Address

2406 SE 173RD CT
 SILVER SPRINGS FL 34488

2406 SE 173RD CT
 SILVER SPRINGS FL 34488-6068

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

2120 S.E. 175th Terr

2120 S.E. 175th Terr

City & State

City & State

Silver Springs, Fl.

Silver Springs, Fl.

Zip

Country

Zip

Country

34488

U.S.A.

34488

U.S.A.

4. FEI Number

59-3542946

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

POWELL, MICHAEL
 2406 SE 173RD CT
 SILVER SPRINGS FL 34488

Name

William Bil

Street Address (P.O. Box Number is Not Acceptable)

2120 S.E. 175th Terrace

City

Silver Springs

FL

Zip Code

34488

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 William Bil: Agent

William Bil

4/23/00

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	VD	<input type="checkbox"/> Delete
NAME	HILSON, TAL	
STREET ADDRESS	2406 SE 173RD CT	
CITY-ST-ZIP	SILVER SPRINGS FL	
TITLE	TTD	<input type="checkbox"/> Delete
NAME	HOFF, JEANNE	
STREET ADDRESS	2406 SE 173RD CT	
CITY-ST-ZIP	SILVER SPRINGS FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	SLADE, MARY C	
STREET ADDRESS	2406 SE 173RD CT	
CITY-ST-ZIP	SILVER SPRINGS FL	
TITLE	BMD	<input type="checkbox"/> Delete
NAME	BEHRENS, LARRY	
STREET ADDRESS	2406 SE 173RD CT	
CITY-ST-ZIP	SILVER SPRINGS FL	
TITLE	DBM	<input type="checkbox"/> Delete
NAME	BIL, WILLIAM	
STREET ADDRESS	2406 SE 173RD CT	
CITY-ST-ZIP	SILVER SPRINGS FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	President	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Frdrick H. Linke	
STREET ADDRESS	1840 S.E. 173rd Ave.	
CITY-ST-ZIP	Silver Springs, Fl. 34488	
TITLE	Vice President	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Ruth Briggs	
STREET ADDRESS	17440 S.E. 24th Lane Road	
CITY-ST-ZIP	Silver Springs, Fl. 34488	
TITLE	Secretary	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Mary C. Slade	
STREET ADDRESS	2240 S.E. 175th Terrace	
CITY-ST-ZIP	Silver Springs, Fl. 34488	
TITLE	Treasurer	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Jeanne Hoff	
STREET ADDRESS	2230 S.E. 175th Terrace	
CITY-ST-ZIP	Silver Springs, Fl. 34488	
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: *Fredrick H. Linke* 4-23-00
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 Fredrick H. Linke 352-625-2954
 Date Daytime Phone #

CR2E037 (9/99)