

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 17, 2001 8:00 am**  
**Secretary of State**

04-17-2001 90066 011 \*\*\*\*61.25

**DOCUMENT # N98000006284**

1. Entity Name  
**SILVER SPRINGS VILLAGE PROPERTY OWNERS ASSOCIATI**

Principal Place of Business Mailing Address  
**2120 SE 175TH TERR SILVER SPRINGS FL 34488 US**

2. Principal Place of Business **Same as above**  
 Suite, Apt. #, etc.

3. Mailing Address **Same as above**  
 Suite, Apt. #, etc.

City & State **Silver Springs Florida**

Zip Country **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  
**BIL, WILLIAM**  
**2120 SE 175TH TERR**  
**SILVER SPRINGS FL 34488**

7. Name and Address of New Registered Agent  
 Name **Michael Powell**  
 Street Address (P.O. Box Number is Not Acceptable)  
**2406 S.E. 173rd Court**  
 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 **Michael Powell** *Michael Powell* **23 Jan. 2001**  
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 NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <b>P</b> <b>LINKE, FREDRICK H</b> <b>1840 SE 173RD AVE</b> <b>SILVER SPRINGS FL 34488</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <b>T</b> <b>HOFF, JEANNE</b> <b>2406 SE 173RD CT</b> <b>SILVER SPRINGS FL 34488</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <b>S</b> <b>SLADE, MARY C</b> <b>2406 SE 173RD CT</b> <b>SILVER SPRINGS FL 34488</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <b>BMD</b> <b>BEHRENS, LARRY</b> <b>2406 SE 173RD CT</b> <b>SILVER SPRINGS FL</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <b>DBM</b> <b>BIL, WILLIAM</b> <b>2406 SE 173RD CT</b> <b>SILVER SPRINGS FL</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <b>V</b> <b>BRIGGS, RUTH</b> <b>17440 SE 24TH LANE RD</b> <b>SILVER SPRINGS FL 34488</b>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>President (P)</b> <b>Russell Sweeney</b> <b>17325 S.E. 18th Street</b> <b>Silver Springs, Florida 34488</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>Treasurer (T)</b> <b>Jeanne Hoff</b> <b>2230 S.E. 175th Terrace</b> <b>Silver Springs, Florida 34488</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>SLADE, MARY C (S)</b> <b>2406 S.E. 173RD TERRACE</b> <b>SILVER SPRINGS, FL 34488</b> <b>(Same)</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>N/A</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>Vice-President (VP)</b> <b>Ruth Briggs</b> <b>17440 S.E. 24th Lane</b> <b>Silver Springs, Florida 34488</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **Mary C. Slade** *Mary C. Slade* **23 Jan. 2001** **352-625-7514**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)