

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

FILED
Jul 16, 2003 8:00 am
Secretary of State

07-16-2003 90041 048 ****70.00

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DOCUMENT # N98000006284

1. Entity Name

SILVER SPRINGS VILLAGE PROPERTY OWNERS ASSOCIATION, INC.



Principal Place of Business

17325 SE 18TH STREET
SILVER SPRINGS FL 34488
US

Mailing Address

17325 SE 18TH STREET
SILVER SPRINGS FL 34488
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 **59-3542946**

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

SWEENEY, RUSSELL E
17325 SE 18TH STREET
SILVER SPRINGS FL 34488

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

SIGNATURE

Russell E Sweeney

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
After September 10, 2003, min will be \$236.25

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

TITLE	P	<i>delete</i>
NAME	SWEENEY, RUSSELL	<i>Mike Powell</i>
STREET ADDRESS	17325 SE 18TH STREET	
CITY-ST-ZIP	SILVER SPRINGS FL 34488	
TITLE	T	<input type="checkbox"/> Delete
NAME	SWEENEY, LINDA J	
STREET ADDRESS	17325 SE 18TH STREET	
CITY-ST-ZIP	SILVER SPRINGS FL 34488	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	STAPLETON, DONNA	
STREET ADDRESS	2300 SE 173RD AVE	
CITY-ST-ZIP	SILVER SPRINGS FL 34488	
TITLE	BMD	<input type="checkbox"/> Delete
NAME	LANE, CAROL	
STREET ADDRESS	17485 SE 24TH LANE RD	
CITY-ST-ZIP	SILVER SPRINGS FL 34488	
TITLE	DBM	<input type="checkbox"/> Delete
NAME	DEMMO, LORRAINE	
STREET ADDRESS	17420 SE 24TH LANE RD	
CITY-ST-ZIP	SILVER SPRINGS FL 34488	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	BRIGGS, RUTH	
STREET ADDRESS	17440 SE 24TH LANE RD	
CITY-ST-ZIP	SILVER SPRINGS FL 34488	

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		

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

Linda J Sweeney 7-14-03 *352-625-3086*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E037 (4/03)