

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N49742

1. Entity Name

SILVER BEND HOMEOWNERS ASSOCIATION, INC.

FILED
Mar 01, 2000 8:00 am
Secretary of State

03-01-2000 90015 025 ****61.25

Principal Place of Business P O BOX 891 OCOE FL 34761 US	Mailing Address P O BOX 891 OCOE FL 34761-0891 US
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State
Zip	Country

4. FEI Number 59-3134865	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

KNACK, JOEL
2507 ALCLOBE CIRCLE
OCOE FL 34761

7. Name and Address of New Registered Agent

Name
PATRICIA M. BUTKOVICH
Street Address (P.O. Box Number is Not Acceptable)
2019 CASSINGHAM CIR.
City
OCOE FL Zip Code
34761

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 Patricia M. Butkovich DATE 02-17-00
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	D. LOPEZ-ANDERSON, MARTHA 2438 ALCLOBE CIRCLE OCOE FL 34761 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SCHECHTER, JONATHAN 118 CLOWSON COURT OCOE FL 34761 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD TERRANCE, COLEMAN 1615 CASSINGHAM CIR OCOE FL 34761 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD KNACK, JOEL 2507 ALCLOBE CIRCLE OCOE FL 34761 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BUTKOVICH, PATRICIA 2019 CASSINGHAM CIR OCOE FL 34761 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: JOEL KNACK
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/18/00 407-522-6789
Date Daytime Phone #

CR2E037 (9/99)