

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 09, 2000 8:00 am**  
**Secretary of State**

03-09-2000 90088 001 \*\*\*\*61.25

**DOCUMENT # N93000005285**

1. Entity Name  
**SILVER LAKES-GATEWAY HOMEOWNERS ASSOCIATION, INC**

Principal Place of Business 700 N.W. 107 AVE. MIAMI FL 33172	Mailing Address C/O DICKINSON MGMT. INC. 11920 FAIRWAY LAKES DR FORT MYERS FL 33913-8337 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>SILVER LAKES @ GATEWAY HOA</b>	3. Mailing Address <b>OLD MIAMI GULF COAST</b>
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Suite, Apt. #, etc. <b>13035 LAKELAND CIRCLE</b>	Suite, Apt. #, etc. <b>14275 SW 142 AVE.</b>
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City & State <b>FT. MYERS, FL.</b>	City & State <b>MIAMI, FL</b>
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Zip <b>33913</b>	Country <b>USA</b>	Zip <b>33180</b>	Country <b>USA</b>
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4. FEI Number <b>65-0508210</b>	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  
**WATSKY, MORRIS J**  
**700 N.W. 107TH AVE.**  
**MIAMI FL 33172**

7. Name and Address of New Registered Agent  
 Name: **JOSEPH ADAMS, Esq.**  
 Street Address (P.O. Box Numbers Not Acceptable):  
**OLD BECKER & POLAKOFF**  
**13515 BELL TOWER DRIVE**  
 City: **FORT MYERS, FL** Zip Code: **33907**

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: *Joseph Adams* (NOTE: Registered Agent signature required when reinstating) DATE: **1/28/08**

**FILE NOW:**  
**FEES 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	<b>DP</b> <b>BUJAK, ANDREW J</b> <b>13891 JETPORT RD STE 9</b> <b>FORT MYERS FL 33913</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DV</b> <b>KUCHTA, HELENA</b> <b>13031 SHORESIDE COURT</b> <b>FT. MYERS FL 33913</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DST</b> <b>MCCHESNEY, VALERIE</b> <b>13891 JETPORT LOOP RD STE 9</b> <b>FORT MYERS FL 33913</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>MARY, GARY</b> <b>11071 LAKELAND CR</b> <b>FT MEYERS FL 33913</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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	<b>D</b> <b>PERGICILLI, TONY</b> <b>8576 BRITANNIA DR</b> <b>FT. MYERS, FL 33912</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>HAWRUSKO, JUDITH</b> <b>11109 LAKELAND CIRCLE</b> <b>FT. MYERS, FL 33913</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>MCCHESNEY, VALERIE</b> <b>13891 JETPORT LOOP - SUITE 9</b> <b>FT. MYERS, FL. 33913</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD</b> <b>DRUMM, TOM</b> <b>13891 JETPORT LOOP, SUITE 9</b> <b>FT. MYERS, FL 33913</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>NILER, WILLIAM</b> <b>11123 LAKELAND CIRCLE</b> <b>FT. MYERS, FL. 33913</b> <input type="checkbox"/> Change <input checked="" 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: *Valerie McChesney* **SIGNATURE REQUIRED** DATE: **2/24/00** DAYTIME PHONE #: **941 561 6520**

CR2E037 (9/99)