

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N37945

1. Entity Name

SILVER GLEN HOMEOWNERS' ASSOCIATION, INC.

FILED
May 15, 2000 8:00 am
Secretary of State

05-15-2000 90280 030 ****61.25

Principal Place of Business

Mailing Address

668 NORTH ORLANDO AVE
SUITE 105
MAITLAND FL 32751
US

668 NORTH ORLANDO AVE
SUITE 105
MAITLAND FL 32751-4459
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

59-3051306

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

MORBITZER, MARGARET L
668 NORTH ORLANDO AVE
STE 105
MAITLAND FL 32751

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.

SIGNATURE

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 PD
NAME FREDERICKSEN, JOHN
STREET ADDRESS 1719 GLENHAVEN CIRCLE
CITY-ST-ZIP OCOEE FL 34761 ☐ Delete

TITLE SD
NAME Raduenz, Vicky
STREET ADDRESS 401 Abbeyridge Court
CITY-ST-ZIP OCOEE, FL 34761 ☐ Change ☒ Addition

TITLE VD
NAME BASS, JOHN
STREET ADDRESS 1727 GLENHAVEN CIRCLE
CITY-ST-ZIP OCOEE FL 34761 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE TD
NAME MANN, DANNY
STREET ADDRESS 1406 CHAPEL RIDGE DRIVE
CITY-ST-ZIP OCOEE FL 34761 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE SD
NAME CHEN, DENNIS
STREET ADDRESS 1191 VICKERS LAKE DRIVE
CITY-ST-ZIP OCOEE FL 34761 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE D
NAME GAUT, DAYNA
STREET ADDRESS 308 STERLING LAKE DRIVE
CITY-ST-ZIP OCOEE FL 34761 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)