

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 29, 2000 8:00 am
Secretary of State

04-29-2000 90005 028 ****61.25

DOCUMENT # 730067

1. Entity Name
SILVER LAKES ACRES CHAPTER #1768 OF AMERICAN ASS

Principal Place of Business 13300 E. RT. 40 SILVER SPRINGS FL 34488	Mailing Address 13300 E. RT. 40 SILVER SPRINGS FL 34488
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DO NOT WRITE IN THIS SPACE

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 23-7371223	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent
MILLS, RICHARD C.
13300 E. RT. 40
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.

SIGNATURE _____ DATE _____
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	PD	<input checked="" type="checkbox"/> Delete
NAME	HILTS, ROBERT E	
STREET ADDRESS	2420 SE 174TH COURT	
CITY-ST-ZIP	SILVER SPRINGS FL	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	ELLIS, EVELYN J	
STREET ADDRESS	4323 NE 170 TERR	
CITY-ST-ZIP	SILVER SPRINGS FL 34488	
TITLE	S	<input type="checkbox"/> Delete
NAME	HUNSICKER, OLIVE	
STREET ADDRESS	18648 SE 19 ST	
CITY-ST-ZIP	SILVER SPRINGS FL	
TITLE	T	<input type="checkbox"/> Delete
NAME	EASTMAN, HELEN E	
STREET ADDRESS	2000 SE 173RD CT	
CITY-ST-ZIP	SILVER SPRINGS FL 34488	
TITLE	D	<input type="checkbox"/> Delete
NAME	HILTS, HOLLY	
STREET ADDRESS	2420 SE 174TH COURT	
CITY-ST-ZIP	SILVER SPRINGS FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	STEWART, THELMA H.	
STREET ADDRESS	1754 SE 169 TERR RD	
CITY-ST-ZIP	SILVER SPRINGS, FL 00000	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Crichton, Jean	
STREET ADDRESS	16858 SE 9th St	
CITY-ST-ZIP	Silver Springs, FL 34488	
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Mills, Richard C.	
STREET ADDRESS	13300 E. RT. 40	
CITY-ST-ZIP	Silver Springs, FL 34488	
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: Helen E. Eastman DATE: 04-22-00 DAYTIME PHONE #: (352)625-5212
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/99)