

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 734112

1. Entity Name

SILVER SPRINGS SHORES RESIDENTS' ASSOCIATION, IN

FILED
Apr 14, 2000 8:00 am
Secretary of State

04-14-2000 90001 005 ****61.25

Principal Place of Business

Mailing Address

590 SILVER ROAD
OCALA FL 34472
US

590 SILVER ROAD
OCALA FL 34472-2705
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1656878

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PAPPAS, HELEN
469 WATER RD.
OCALA FL 34472

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	P	<input checked="" type="checkbox"/> Delete
NAME	AGNES, GEORGE	
STREET ADDRESS	70 SILVER PLACE	
CITY-ST-ZIP	OCALA FL 34472	
TITLE	VP	<input type="checkbox"/> Delete
NAME	LEWIS, OLIVE	
STREET ADDRESS	4 SILVER COURT	
CITY-ST-ZIP	OCALA FL 34472	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	CIMIJOTTI, ABE	
STREET ADDRESS	311 OAK TRACK TRAIL	
CITY-ST-ZIP	OCALA FL 34472	
TITLE	T	<input type="checkbox"/> Delete
NAME	PAPPAS, HELEN	
STREET ADDRESS	469 WATER ROAD	
CITY-ST-ZIP	OCALA FL 34472	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	VERTIGAN, NORMAN	
STREET ADDRESS	601 A MIDWAY DR.	
CITY-ST-ZIP	OCALA FL 34472-2279	
TITLE	D	<input type="checkbox"/> Delete
NAME	RUSH, RAY A	
STREET ADDRESS	521 SPRING LAKE RD.	
CITY-ST-ZIP	OCALA FL 34472	

TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NORMAN VERTIGAN	
STREET ADDRESS	601 A MIDWAY DR.	
CITY-ST-ZIP	OCALA FL 34472-2279	
TITLE	SECRETARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LINDA MATOS	
STREET ADDRESS	30 OAK TRAIL	
CITY-ST-ZIP	OCALA FL 34472	
TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FRANK EFFINGER	
STREET ADDRESS	2 BAHIA CT, Loop	
CITY-ST-ZIP	OCALA FL 34472	
TITLE	DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AGNES GEORGE	
STREET ADDRESS	70 SILVER RD	
CITY-ST-ZIP	OCALA FL 34472	
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 Pappas
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-10-2000

352-6871170

CR2E037 (9/99)