

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 06, 2001 8:00 am
Secretary of State

0085178

DOCUMENT # 739744

1. Entity Name

SILVER LAKE ASSOCIATION, INC.

04-06-2001 90013 040 ****61.25

Principal Place of Business 34220 SILVER CT DR LEESBURG FL 34788 US	Mailing Address 34220 SILVER CT DR LEESBURG FL 34788 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 10041 Silver Bluff Dr Suite, Apt. #, etc.	3. Mailing Address 10041 Silver Bluff Dr Suite, Apt. #, etc.
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City & State Leesburg FL	City & State Leesburg FL	4. FEI Number 59-1821692	Applied For Not Applicable
Zip 34788-3672	Country US	Zip 34788-3672	Country US

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

SELLAR, CHARLES B. P.
9013 SILVER LAKE DR.
LEESBURG FL 34788

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 _____
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. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MURRAY, PAM 10041 SILVER BLUFF DR LEESBURG FL 34788 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S COAN, JESSEE 32927 INDIAN WOODS DR LEESBURG, FL 34788 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SHANKY, AL 9720 FAIRWAY CIR LEESBURG FL 34788 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WETTENGEL, KATY 34220 SILVER COURT DR LEESBURG FL 34788 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARTIN, VERA 9371 SILVER LAKE DR LEESBURG FL 34788 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HILL, JENNIFER 9732 FAIRWAY CIR LEESBURG FL 34788 <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P, S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SANDY WESTON 9461 SILVER LAKE DR LEESBURG FL 34788 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T DON PERLOW 9810 WEDGEWOOD LANE LEESBURG FL 34788 <input type="checkbox"/> Change <input checked="" 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: *Pamela Murray* **PAMELA MURRAY** **4/1/2001** **(352) 314-3807**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)

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ADDENDUM
~~ADD~~
A0043110

I. ADDITIONS TO DIRECTORS:

• D
DOROTHY FILLINGHAM
33428 TEWKSBURY DR
LEESBURG FL 34788

• D
CHARLIE LAYDEN
9720 FAIRWAY CIRCLE
LEESBURG FL 34788

• D
MAUREEN OSTENSO
9851 WEDGEWOOD LANE
LEESBURG FL 34788

Pamela Murray