

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 21, 2002 8:00 am**  
**Secretary of State**

02-21-2002 90129 036 \*\*\*\*61.25

**DOCUMENT # 739744**

1. Entity Name

**SILVER LAKE ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

**10041 SILVER BLUFF DRIVE  
 LEESBURG FL 34788-3672  
 US**

**10041 SILVER BLUFF DRIVE  
 LEESBURG FL 34788-3672  
 US**

2. Principal Place of Business

3. Mailing Address

**9371 SILVER LAKE DR**

**9371 SILVER LAKE DR**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**LEESBURG, FL**

**LEESBURG, FL**

Zip

Country

Zip

Country

**34788**

**USA**

**34788**

**USA**

4. FEI Number

**59-1821692**

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

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

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 NAME STREET ADDRESS CITY-ST-ZIP	<b>PS MURRAY, PAM 10041 SILVER BLUFF DR LEESBURG FL 34788</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D WESTON, SANDY 9481 SILVER LAKE DRIVE LEESBURG FL 34788</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP SHANKY, AL 9720 FAIRWAY CIR LEESBURG FL 34788</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T PERLON, DON 9810 WEDGEWOOD LANE LEESBURG FL 34788</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D MARTIN, VERA 9371 SILVER LAKE DR LEESBURG FL 34788</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D HILL, JENNIFER 9732 FAIRWAY CIR LEESBURG FL 34788</b>	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VERA MARTIN 9371 SILVER LAKE DR LEESBURG, FL 34788</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ROY SCOTT 33416 FAIRWAY ROAD LEESBURG, FL 34788</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S ELAINE LOVELL 33323 TEWKSBURY DR LEESBURG, FL 34788</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T SAME</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D PAM MURRAY 10041 SILVER BLUFF DR LEESBURG, FL 34788</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D SAME</b>	<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 I am empowered.

SIGNATURE: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**NEED DON PERLON**

Date

Daytime Phone #

**2/18/02 (352) 314-0994**

CR2E037 (9/01)