

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 750447

1. Entity Name

SYLVAN SHORES HOMEOWNERS ASSOCIATION, INC.

FILED
Feb 25, 2000 8:00 am
Secretary of State

02-25-2000 90019 045 ****61.25

Principal Place of Business

Mailing Address

P.O. BOX 1343
LAKE PLACID FL 33852-8343

P.O. BOX 1343
LAKE PLACID FL 33862-1343

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

59-2277185

Applied For

Not Applicable

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

GARDNER, FRANK
1802 SYLVIA STREET
LAKE PLACID FL 33852

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 type="checkbox"/> Delete
NAME	JONES, LAVERNE	
STREET ADDRESS	1722 THIRD STREET	
CITY-ST-ZIP	LAKE PLACID FL	
TITLE	T	<input type="checkbox"/> Delete
NAME	GARDNER, FRANK	
STREET ADDRESS	1802 SYLVIA STREET	
CITY-ST-ZIP	LAKE PLACID FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	LUSK, MYRTLE	
STREET ADDRESS	1642 FIFTH STREET	
CITY-ST-ZIP	LAKE PLACID FL	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	RHODES, ARLENE	
STREET ADDRESS	1605 LAKE CLAY DRIVE	
CITY-ST-ZIP	LAKE PLACID FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	HINKEL, ANDREW	
STREET ADDRESS	1587 SECOND STREET	
CITY-ST-ZIP	LAKE PLACID FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	FORNEY, CAROL	
STREET ADDRESS	1604 FIRST STREET	
CITY-ST-ZIP	LAKE PLACID FL	

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		
TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	COLEMAN, RUSSELL	
STREET ADDRESS	1532 SYCAMORE AVE.	
CITY-ST-ZIP	LAKE PLACID, FL.	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MARGIE LENNON	
STREET ADDRESS	1541 4th STREET	
CITY-ST-ZIP	LAKE PLACID, FL.	
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: FRANK GARDNER
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/17/00
Date

863-465-7467
Daytime Phone #

CR2E037 (9/99)