

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 13, 2001 8:00 am
Secretary of State

0067120

DOCUMENT # 750447

1. Entity Name

SYLVAN SHORES HOMEOWNERS ASSOCIATION, INC.

03-13-2001 90003 041 ****61.25

Principal Place of Business

Mailing Address

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

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

2. Principal Place of Business

3. Mailing Address

P.O. Box 1343

P.O. Box 1343

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
 Lake Placid FL

City & State
 Lake Placid, FL

4. FEI Number
 59-2277185

Applied For
 Not Applicable

Zip
 33862

Country
 Highlands

Zip
 33862

Country
 Highlands

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 _____ 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input checked="" 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	COLEMAN, RUSSELL	
STREET ADDRESS	1532 SYCAMORE AVE	
CITY-ST-ZIP	LAKE PLACID FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	LERRON, MARGIE	
STREET ADDRESS	1541 4TH ST	
CITY-ST-ZIP	LAKE PLACID FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	FORNEY, CAROL	
STREET ADDRESS	1604 FIRST STREET	
CITY-ST-ZIP	LAKE PLACID FL	

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLIAM TREGO	
STREET ADDRESS	1607 FOURTH ST.	
CITY-ST-ZIP	LAKE PLACID, FL 33852	
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHARLES WISEMAN	
STREET ADDRESS	1638 FIFTH ST.	
CITY-ST-ZIP	LAKE PLACID, FL 33852	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JAMES MCCARTHY	
STREET ADDRESS	1634 FIFTH ST.	
CITY-ST-ZIP	LAKE PLACID, FL 33852	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BILL DENERY	
STREET ADDRESS	1801 LAKE-CLAY-DR.	
CITY-ST-ZIP	LAKE PLACID, FL 33852	

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: SIGNATURE REQUIRED FRANK GARDNER 3/9/01 863-465-7467
 Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (10/00)