## 2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

TURE AND TYPED OR PRINTED NA LYALL PERLE

## May 29, 2002 8:00 am Secretary of State DOCUMENT # N0100007899 04-28-2002 90756 001 \*\*\*211.25 ENCLAVE AT SILVER OAK NEIGHBORHOOD ASSOCIATION, Principal Place of Business Mailing Address 87230 66 ISLAND CIR 68 ISLAND CIR SARASOTA FL 34242 SARASOTA FL 34242 2. Principal Place of Business 3. Mailing Address 8865 Enelau 3865 Ex Suite, Apt. #, etc. SAVASOTA DO NOT WRITE IN THIS SPACE ACASO F City & State City & State 4. FEi Number ✓ Applied For Ζp Not Applicable Country Zip Country 34a38 \$8.75 Additional 5. Certificate of Status Desired Name and Address of Current Registered Agent Fee Required 7. Name and Address of New Registered Agent Name\_\_ REES, STEPHEN D ESQUIRE Street Address (P.O. Box Number is Not Acceptable) 2033 MAIN STREET SARASOTA FL 34237 City 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 eignature required when reinstating) 9. Election Campaign Financing FILE NOW: FEE IS \$61,25 \$5.00 May Be Make Check Payable to Trust Fund Contribution. Added to Fees Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE Delete TITLE PERLEY, LYALL J JR NAME V Chance ☐ Addition (9/01 NAME STREET ADDRESS 66 ISLAND CIR STREET ADDRESS 8865 ENCLANG OF CITY-ST-ZIP SARASOTA FL 34242 CITY-ST-ZIP DΫ TITLE ☐ Delete πιε PHILLIPS, ROD E JR NAME ☐ Change ☐ Addition NAME STREET ADDRESS 535 BEACH RD STREET ADDRESS CITY-ST-ZIP SARASOTA FL 34242 CITY-ST-ZIP TILE-Delete -TITLE NAME = PHILLIPS, CHRISTY P Change - (1) Addition NAME STREET ADORESS 535 BEACH RD STREET ADDRESS CITY-ST-ZIP SARASOTA FL 34242 CITY-ST-ZIP TITLE ☐ Delete TITLE NAME ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-21P CITY-ST-7IP Delete TITLE NAME ☐ Change ☐ Addition NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE D Delete TITLE NAME ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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 carried and that my signature shall have the same legal effect as if made under oath; that I am an officer or director changed, or on an attachment with an address, with all other like empowered.

FILED