


**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

04-10-2003 90146 025 \*\*\*\*61.25

<b>DOCUMENT # N02000004711</b>							
1. Entity Name <b>STONEGATE AT SILVER LAKE HOMEOWNERS ASSOCIATION, INC.</b>							
Principal Place of Business <b>2100 LAKE EUSTIS DRIVE TAVARES FL 32778</b>		Mailing Address <b>2100 LAKE EUSTIS DRIVE TAVARES FL 32778</b>					
2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State		4. FEI Number <b>32-0061880</b> Applied For Not Applicable			
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>			
6. Name and Address of Current Registered Agent -			7. Name and Address of New Registered Agent				
<b>SHAMROCK, KEITH J 2100 LAKE EUSTIS DRIVE TAVARES FL 32778</b>			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. I am familiar with, and accept the obligations of registered agent.				
SIGNATURE _____		SIGNATURE _____		DATE _____			
FILE NOW: FEE IS \$61.25		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		Make Check Payable to Florida Department of State			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10				
TITLE	<b>P, D</b>	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	<b>SHAMROCK, KEITH J</b>		NAME				
STREET ADDRESS	<b>2100 LAKE EUSTIS DRIVE</b>		STREET ADDRESS				
CITY-ST-ZIP	<b>TAVARES FL 32778</b>		CITY-ST-ZIP				
TITLE	<b>ST, D</b>	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	<b>BROWN, FRED</b>		NAME				
STREET ADDRESS	<b>2100 LAKE EUSTIS DRIVE</b>		STREET ADDRESS				
CITY-ST-ZIP	<b>TAVARES FL 32778</b>		CITY-ST-ZIP				
TITLE	<b>D</b>	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	<b>SHAMROCK, PATRICIA</b>		NAME				
STREET ADDRESS	<b>2100 LAKE EUSTIS DR.</b>		STREET ADDRESS				
CITY-ST-ZIP	<b>TAVARES, FL 32778</b>		CITY-ST-ZIP				
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			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)(l), 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: <b>NATURAL FIRE BURN</b>		2/4/03		352-343-6677			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #			



CHECK HERE IF MAKING CHANGES

CR2E037 (10/02)