

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

FILED
Feb 21, 2003 8:00 am
Secretary of State

01-29-2003 90134 025 ****61.25

DOCUMENT # N02636

1. Entity Name
SILVER LAKE MOBILE HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business

**4000 24 STREET NORTH
PARK OFFICE
ST. PETERSBURG FL 33714
US**

Mailing Address

**4000 24 STREET NORTH
PARK OFFICE
ST. PETERSBURG FL 33714
US**

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 **59-2398469**

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

~~COX, ELMER~~ **LORAINA DONALDSON**
4000 24 STREET NORTH
LOT 525 PARK OFFICE
ST. PETERSBURG FL 33714

Name **Loraine Donaldson**

Street Address (P.O. Box Number is Not Acceptable)

4000 24th St. N

Lot 1013

St. Petersburg

FL 33714

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 *Loraine Donaldson*

LORAINA DONALDSON TREAS.

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE **2-17-03**

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input type="checkbox"/> Delete
NAME	BECK, ALICE	
STREET ADDRESS	4000 24 STREET N., LOT 623	
CITY-ST-ZIP	ST. PETERSBURG FL	
TITLE	V	<input type="checkbox"/> Delete
NAME	HERRON, JOHN	
STREET ADDRESS	4000 24 STREET N., LOT 428	
CITY-ST-ZIP	ST. PETERSBURG FL	
TITLE	T	<input type="checkbox"/> Delete
NAME	COX, ELMER R	
STREET ADDRESS	4000 24TH STREET N LOT 525	
CITY-ST-ZIP	SAINT PETERSBURG FL 33714	
TITLE	S	<input type="checkbox"/> Delete
NAME	POLLEY, MAY	
STREET ADDRESS	4000 24 STREET N, LOT 1021	
CITY-ST-ZIP	ST. PETERSBURG FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	GATES, SANDY	
STREET ADDRESS	4000 24TH STREET N LOT 1001	
CITY-ST-ZIP	SAINT PETERSBURG FL 33714	
TITLE	D	<input type="checkbox"/> Delete
NAME	KNECHTEL, ART	
STREET ADDRESS	4000 24TH STREET N LOT 313	
CITY-ST-ZIP	SAINT PETERSBURG FL 33714	

TITLE	E	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Elmer Cox	
STREET ADDRESS	4000 24 St. N Lot 525	
CITY-ST-ZIP	St. Petersburg Fl.	
TITLE	V	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Wes Hough	
STREET ADDRESS	4000 24th St. N Lot 616	
CITY-ST-ZIP	St. Petersburg Fl.	
TITLE	T	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Loraine Donaldson	
STREET ADDRESS	4000 24 St. N Lot 1013	
CITY-ST-ZIP	St. Petersburg Fl.	
TITLE	S	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	May Polley	
STREET ADDRESS	4000 24 St. N Lot 1021	
CITY-ST-ZIP	St. Petersburg Fl.	
TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Sandy Gates	
STREET ADDRESS	4000 24 St. N. Lot 1001	
CITY-ST-ZIP	St. Petersburg Fl.	
TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Mary Jane Buchman	
STREET ADDRESS	4000 24 St. N. Lot 1008	
CITY-ST-ZIP	St. Petersburg Fl.	

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

Loraine Donaldson

1-27-03 727.526.0102

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/02)