

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 12, 2000 8:00 am**  
**Secretary of State**

09-12-2000 90009 016 \*\*\*\*61.25

**DOCUMENT # N17860**

1. Entity Name

**SILVER LAKES WEST HOMEOWNERS ASSOCIATION, INC.**

*L*



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

909 SILVERSMITH CIR.  
LAKE MARY FL 32746

909 SILVERSMITH CIR.  
LAKE MARY FL 32746

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-2877232**

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

**QUIROS, CARLOS S**  
**909 SILVERSMITH CIRCLE (MAILING)**  
**869 SILVERSMITH CIRCLE (PERSON)**  
**LAKE MARY FL 32746**

Name **GEORGE PERINA**  
 Street Address (P.O. Box Number is Not Acceptable)  
**909 SILVERSMITH CR. (MAILING)**  
**916 SLOEWOOD CT (PERSON)**  
 City **LAKE MARY FL** Zip Code **32746**

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 *George Perina* *George Perina* *9/7/00*  
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**  
**After September 13, 2000 min. will be \$236.25**

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	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	CHANGE	ADDITION
D	SCHUCKMAN, ED	885 SILVERSMITH CIRCLE	LAKE MARY FL 32746	<input checked="" type="checkbox"/>	VP	GEORGE PERINA	916 SLOEWOOD CT	LAKE MARY FL 32746	<input type="checkbox"/>	<input checked="" type="checkbox"/>
D	BRYAN, JOAN	859 SILVERADO COURT	LAKE MARY FL 32746	<input checked="" type="checkbox"/>	D	GARY DENHAM	716 SILVERSMITH CR.	LAKE MARY FL 32746	<input type="checkbox"/>	<input checked="" type="checkbox"/>
D	MEZA, MIKE	904 SILVERSMITH CIR.	LAKE MARY FL 32746	<input checked="" type="checkbox"/>	D	JOYCE GROOM	772 SILVERSMITH CIR	LAKE MARY FL 32746	<input type="checkbox"/>	<input checked="" type="checkbox"/>
P	QUIROS, CARLOS S	869 SILVERSMITH CIRCLE	LAKE MARY FL 32746	<input checked="" type="checkbox"/>	D	DANNY MOORE	893 SILVERSMITH CR	LAKEMARY FL 32746	<input type="checkbox"/>	<input checked="" type="checkbox"/>
S	LEFFIN, SUE	869 SILVERSMITH CIRCLE	LAKE MARY FL 32746	<input type="checkbox"/>	D	LOUIS MIKOLAJEK	896 SILVERSMITH CIR	LAKE MARY FL 32746	<input type="checkbox"/>	<input checked="" type="checkbox"/>
T	SILBERBERG, MILTON	869 SILVERSMITH CIRCLE	LAKE MARY FL 32746	<input type="checkbox"/>	D	KATHY NORRIS	828 SILVERSMITH CIR	LAKE MARY FL 32746	<input type="checkbox"/>	<input checked="" type="checkbox"/>

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 *Sue Leffin* *9/7/00* *(407) 865-7477*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (5/00)