2002 UNIFORM BUSINESS REPORT (UBR) **FILED** May 28, 2002 8:00 am **DOCUMENT # N22925** Secretary of State SILVER ROSE HOMEOWNERS' ASSOCIATION, INC. 05-28-2002 91776 039 ****61.25 Mailing Address Principal Place of Business C/O OFFICE SUPPORT SYSTEMS % JAMES KIRKLAND JR P.O. BOX 5717 224 STERLING ROSE COURT WINTER PARK FL 32793-5717 APOPKA Ft. 32703 3. Mailing Address 2. Principal Place of Business c/o Office Support Systems DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. 53 S. Ranger Applied For 4. FEI Number City & State 59-2880474 Not Applicable Winter Par \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 32192-4527 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Street Address (P.O. Box Number is Not Acceptable) FERRARA, WILLIAM G 753 SOUTH RANGER BOULEVARD **WINTER PARK FL 32792-4527** Zip Code City 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. Make Check Payable to \$5.00 May Be 9. Election Campaign Financing Department of State FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. (9/01)Addition ☐ Change Delete TITLE TITLE STD Cara, Robert E. NAME Keskin, Sendur NAME 248 Sterling Rose Court STREET ADDRESS STREET ADDRESS 232 STERLING ROSE CT Apopka, FL 32703 CITY-ST-ZIP CITY-ST-ZIP APOPKA FL 32703 N Delete TITLE Lata, Stevie NAME KIRKLAND, JAMES JR STREET ADDRESS 241 Sterling Rose Court 224 STERLING ROSE CT STREET ADDRESS CITY-ST-ZIP Apopka, FL 32703 CITY-ST-ZIP APOPKA FL 32703 X Delete TITLE Newbold, John NAME CLAUSING, ROBERT 368 Sterling Rose Court STREET ADDRESS STREET ADDRESS 352 STERLING ROSE CITY-ST-ZIP Apopka, FL 32703 CITY-ST-ZIP APOPKA FL 32703 Addition ☐ Change TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. Thereby 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 received 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.

Robert E. Cara 4/15/2002 407-678-6085

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime

Daytime Phone #