

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 26, 2001 8:00 am
Secretary of State

03-26-2001 90034 031 ****61.25

DOCUMENT # N34858

1. Entity Name

SYLVAN LAKES PROPERTY OWNER'S ASSOCIATION, INC.

Principal Place of Business

Mailing Address

C/O MRS. MARION HAWK
 5855 40TH LANE
 VERO BEACH FL 32966
 US

C/O MRS. MARION HAWK
 5855 40TH LANE
 VERO BEACH FL 32966
 US

2. Principal Place of Business

3. Mailing Address

Same as mailing
 Suite, Apt. #, etc.

5820 39th Pl
 Suite, Apt. #, etc.

City & State

Vero Bch, FL

4. FEI Number

65-0155123

Applied For

Not Applicable

Zip

Country

Zip

Country

32966

Indian River

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

EVANS, RALPH L
3355 OCEAN DR
VERO BCH FL 32963

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.

SIGNATURE

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

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 **D** ☐ Delete
 NAME **DEACON, OREN K JR**
 STREET ADDRESS **P.O. BOX 6364 N/A**
 CITY-ST-ZIP **VERO BEACH FL**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **STD** ☒ Delete
 NAME **MORSE, JOHN E.**
 STREET ADDRESS **5855 39TH LANE**
 CITY-ST-ZIP **VERO BEACH FL**

TITLE **Jerry Neenan** ☐ Change ☒ Addition
 NAME **5820 39th Pl**
 STREET ADDRESS **Vero Beach, FL 32966**
 CITY-ST-ZIP

TITLE **DTS** ☐ Delete
 NAME **HAWK, MARION**
 STREET ADDRESS **5865 40TH LANE**
 CITY-ST-ZIP **VERO BEACH FL 32966**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **X P** ☐ Delete
 NAME **MORGAN, WILLIAM**
 STREET ADDRESS **5825 39TH PLACE**
 CITY-ST-ZIP **VERO BEACH FL**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **PD** ☒ Delete
 NAME **KEISER, REX**
 STREET ADDRESS **5845 40TH LANE**
 CITY-ST-ZIP **VERO BEACH FL 32966**

TITLE **D** ☐ Change ☐ Addition
 NAME **Dele Pierce**
 STREET ADDRESS **3937 58th Circle**
 CITY-ST-ZIP **Vero Bch, FL 32966**

TITLE **D** ☒ Delete
 NAME **WEEMS, GARY**
 STREET ADDRESS **4095 58TH CIR**
 CITY-ST-ZIP **VERO BCH FL**

TITLE **D Ken Gregory** ☐ Change ☐ Addition
 NAME **3920 58th Circle**
 STREET ADDRESS **Vero Bch, FL 32966**
 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)(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:

SIGNATURE REQUIRED

03/23/01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)