## **2002 UNIFORM BUSINESS REPORT (UBR)**

## Apr 02, 2002 8:00 am Secretary of State DOCUMENT # **N34858** 1. Entity Name SYLVAN LAKES PROPERTY OWNER'S ASSOCIATION, INC. 04-02-2002 90043 005 \*\*\*\*61.25 Principal Place of Business Mailing Address 5820 39 PL 5820 39 PL VERO BEACH FL 32966 VERO BEACH FL 32966 2. Principal Place of Business 3. Mailing Address 5820 39+h. Neenus 7115 C Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 5820 39th City & State 4. FEI Number City & State Applied For 65-0155123 Vero Ben Not Applicable Country Zip \$8.75 Additional Rue River 5. Certificate of Status Desired 32566 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) EVANS, RALPH L 3355 OCEAN DR VERO BCH FL 32963 .... 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) 9. Election Campaign Financing \$5.00 May Be **Make Check Payable to** FILE NOW: FEE IS \$61.25" Trust Fund Contribution. Added to Fees Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. (9/01) TITLE Delete TITLE President Addition NAME DEACON, OREN K JR NAME Bob Gilbert STREET ADDRESS STREET ADDRESS P.O. BOX 6364 N/A 3910 58th Circle CITY-ST-ZIP CITY-ST-ZIP Vero Beuch VERO BEACH FL 32966 STD Tichsure( TITLE Delete TITLE Addition Change Jerry Neerun 5820 39th PI NAME 3 NECAM, JERRY NAME STREET ADDRESS 5820 39 PL STREET ADDRESS CITY ST-ZIP ... CITY-ST-ZIP Vero Beach, F1 32966 VERO BEACH FL 32966 TITLE DTS Delete TITLE Vice President ☐ Addition -Change NAME HAWK, MARION NAME Rutledge $x^*$ STREET ADDRESS STREET ADDRESS 5865 40TH LANE 3944 58th Circle CITY-ST-ZIP CITY-ST-7IP VERO BEACH FL 32966 32966 Delete TITLE ☐ Addition TITLE Change Rolinson NAME MORGAN, WILLIAM NAME 5820 35th Lone STREET ADDRESS STREET ADDRESS 5825~39TH:PLACE = CITY-ST-ZIF CITY-ST-ZIP BZJK-F1-32966 وري VERO BEACH FL TITLE Delete Change ☐ Addition Becomtary PIERCE, DALE STREET ADDRESS STREET ADDRESS 3937 58 CR CITY-ST-ZIP CITY-ST-ZIP F1 3296( VERO BEACH FL 32966 ☐ Delete TITLE TITLE ☐ Change Addition NAME GREGORY, KEN NAME STREET ADDRESS STREET ADDRESS 3920 58 CR CITY-ST-ZIP CITY-ST-ZIP VERO BEACH FL 32966 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.

561-770-0156 SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #