

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 15, 2000 8:00 am**  
**Secretary of State**

05-15-2000 90280 030 \*\*\*\*61.25

**DOCUMENT # N37945**

1. Entity Name

**SILVER GLEN HOMEOWNERS' ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

668 NORTH ORLANDO AVE  
 SUITE 105  
 MAITLAND FL 32751  
 US

668 NORTH ORLANDO AVE  
 SUITE 105  
 MAITLAND FL 32751-4459  
 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

**59-3051306**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional  
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MORBITZER, MARGARET L**  
**668 NORTH ORLANDO AVE**  
**STE 105**  
**MAITLAND FL 32751**

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	PD	<input type="checkbox"/> Delete
NAME	FREDERICKSEN, JOHN	
STREET ADDRESS	1719 GLENHAVEN CIRCLE	
CITY-ST-ZIP	OCOOE FL 34761	
TITLE	VD	<input type="checkbox"/> Delete
NAME	BASS, JOHN	
STREET ADDRESS	1727 GLENHAVEN CIRCLE	
CITY-ST-ZIP	OCOOE FL 34761	
TITLE	TD	<input type="checkbox"/> Delete
NAME	MANN, DANNY	
STREET ADDRESS	1406 CHAPEL RIDGE DRIVE	
CITY-ST-ZIP	OCOOE FL 34761	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	CHEN, DENNIS	
STREET ADDRESS	1191 VICKERS LAKE DRIVE	
CITY-ST-ZIP	OCOOE FL 34761	
TITLE	D	<input type="checkbox"/> Delete
NAME	GAUT, DAYNA	
STREET ADDRESS	308 STERLING LAKE DRIVE	
CITY-ST-ZIP	OCOOE FL 34761	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Raduenz, Vicky	
STREET ADDRESS	401 Abbeyridge Court	
CITY-ST-ZIP	OCOOE, FL 34761	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)