

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N41040

1. Entity Name

SILVER LAKES OF LAKE LAND HOMEOWNERS ASSOCIATION,

FILED
Apr 19, 2000 8:00 am
Secretary of State

04-19-2000 90070 040 ****70.00

Principal Place of Business

Mailing Address

7628 N 56 ST STE 8
TAMPA FL 33617

7628 N 56 ST STE 8
TAMPA FL 33617-7732

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3082153

Applied For

Not Applicable

Zip

Country

Zip

Country

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

SPIVEY, WILLIAM C
7628 N 56 ST STE 8
TAMPA FL 33617

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 ☒ Delete
NAME **VD**
STREET ADDRESS **WIENKE, DONALD**
CITY-ST-ZIP **2244 SILVER LAKES DR N.**
LAKELAND FL 33810

TITLE ☐ Change ☒ Addition
NAME **PD**
STREET ADDRESS **TOM BURNS**
CITY-ST-ZIP **2172 SILVER RE**
LAKELAND, FL 33810

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **ERICKSON, ARTHUR H**
CITY-ST-ZIP **146 HORIZON COURT**
LAKELAND FL 33813

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

TITLE ☒ Delete
NAME **TD**
STREET ADDRESS **BURBRINK, GLEN**
CITY-ST-ZIP **6132 SILVER LAKES DR E.**
LAKELAND FL 33813

TITLE ☐ Change ☒ Addition
NAME **VD**
STREET ADDRESS **DOROTHY BOSWORTH**
CITY-ST-ZIP **2162 SILVER RE**
LAKELAND FL 33810

TITLE ☒ Delete
NAME **PD**
STREET ADDRESS **TILTON, EDWARD H**
CITY-ST-ZIP **211 SILVER RE DRIVE**
LAKELAND FL 33810

TITLE ☐ Change ☒ Addition
NAME **TD**
STREET ADDRESS **WILLIAM MCKINNEY**
CITY-ST-ZIP **2212 SILVER RE**
LAKELAND FL 33810

TITLE ☒ Delete
NAME **SD**
STREET ADDRESS **TILTON, VIRGINIA**
CITY-ST-ZIP **2211 SILVER RE DR**
LAKELAND FL 33810

TITLE ☐ Change ☒ Addition
NAME **D**
STREET ADDRESS **PETER J. BOYLE JR**
CITY-ST-ZIP **6281 REIS CIRCLE**
LAKELAND FL 33810

TITLE ☒ Delete
NAME **D**
STREET ADDRESS **JAMESON, JAMIE**
CITY-ST-ZIP **6228 SILVER LAKES DR E.**
LAKELAND FL 33810

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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:

THOMAS BURNS
THOMAS BURNS

Date

Daytime Phone #

4/19/00

CR2E037 (9/99)