FILED 2001 UNIFORM BUSINESS REPORT (UBR) Mar 02, 2001 8:00 am **DOCUMENT # N41040 Secretary of State** 1. Entity Name SILVER LAKES OF LAKELAND HOMEOWNERS ASSOCIATION. 03-02-2001 90017 032 ****61.25 Principal Place of Business Mailing Address 7628 N 56 ST STE 8 TAMPA PL 33617 7628 N 56 &T STE 8 TAMPA **ş:(3**3617 2. Principal Place of Business DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-3082153 Not Applicable Country **O**ountry \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name SPIVEY, 7628 N 56\ST STE 8 TAMPA FL/33617 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. 2-22-01 SIGNATURE DATE Make Check Payable to FILE NOW: 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. FEE IS \$61.25 Added to Fees Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. 10. CR2E037 (10/00) DVF BB' TITLE Change ☐ Addition TITLE ☐ Delete NAME BURNS, TOM NAME STREET ADDRESS STREET ADDRESS 2172 SILVER RD CITY-ST-ZIP CITY-ST-ZIP LAKELAND FL 33810 Delete , Swold SILVER LAKES DR E TITLE TITLE ☐ Change Addition ERICKSON, ARTHUR H 146 HORIZON COURT LAKELAND PL 33813 NAME NAME STREET ADDRESS STREET ADDRESS FL. 33810 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition TITLE NAME NAME **BOSWORTH, DOROTHY** STREET ADDRESS STREET ADDRESS 2162 SILVER RD CITY-ST-ZIP CITY-ST-ZIP LAKELAND FL 33810 IN DP TITLE ☐ Change ☐ Addition TITLE ☐ Delete MCKINNEY, WILLIAM NAME NAME STREET ADDRESS STREET ADDRESS 2212 SILVER RD CITY-ST-ZIP CITY-ST-7IP LAKELAND FL 33810 TITLE Change Addition TITLE Detete BOYLE, RETJER J JR NAME NAME STREET ADDRESS STREET ADDRESS 6281 REISCIR FC. CITY-ST-ZIP CITY-ST-ZIP LAKELAND PL 33810 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 eath; 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 with all other like empowered. SIGNATURE

SIGNATURE AND

TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #