2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 12, 2002 8:00 am
Secretary of State
02-12-2002 90102 007 ****61.25

DOCUMENT # **N41040**

1. Entity Name

SILVER LAKES OF LAKELAND HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
5517 US HIGHWAY 98 N. SUITE B LAKELAND FL 33809	5517 US HIGHWAY 98 N. SUITE B LAKELAND FL 33809

DO NOT WRITE IN THIS SPACE

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 59-3082153 ☐ Applied For ☐ Not Applicable

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
HARKINS, WM. R 5517 US HWY 98 N., SUITE B LAKELAND FL 33809	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	DVP	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	BURNS, TOM		NAME		
STREET ADDRESS	2172 SILVER RD		STREET ADDRESS		
CITY-ST-ZIP	LAKELAND FL 33810		CITY-ST-ZIP		
TITLE	DVP	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	SWOPE, JERRY		NAME		
STREET ADDRESS	6276 SILVER LAKES DR. E		STREET ADDRESS		
CITY-ST-ZIP	LAKELAND FL 33810		CITY-ST-ZIP		
TITLE	DT	☑ Delete	TITLE	DT	☐ Change ☒ Addition
NAME	BOSWORTH, DOROTHY		NAME	MAZZA, ROBERT	
STREET ADDRESS	2162 SILVER RD		STREET ADDRESS	6230 RE'S CIRCLE	
CITY-ST-ZIP	LAKELAND FL 33810		CITY-ST-ZIP	LAKELAND, FL. 33810	
TITLE	DP	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	MCKINNEY, WILLIAM		NAME		
STREET ADDRESS	2212 SILVER RD		STREET ADDRESS		
CITY-ST-ZIP	LAKELAND FL 33810		CITY-ST-ZIP		
TITLE	DVP	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	THUNE, ~~EDANIS~~ FRANK		NAME		
STREET ADDRESS	2191 SILVER RE DR.		STREET ADDRESS		
CITY-ST-ZIP	LAKELAND FL 33810		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

CR2E037 (9/01)

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] 1-24-02 863853-2209
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #