

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 19, 2001 8:00 am
Secretary of State

04-10-2001 90014 014 ****61.25

DOCUMENT# N41806

1. Entity Name

SILVER LAKE RESORT OWNERS ASSOCIATION, INC.



Principal Place of Business

Mailing Address

7751 BLACK LAKE RD
 KISSIMMEE FL 34746

7751 BLACK LAKE RD
 KISSIMMEE FL 34746

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 **59-3150951**

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

LANE, WILLIAM M
 7751 BLACK LAKE ROAD
 KISSIMMEE FL 34747

Name **MARIA A. MORRISON**

Street Address (P.O. Box Number is Not Acceptable)
7751 BLACK LAKE ROAD

City **KISSIMMEE** **FL** Zip Code **34747**

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 **MARIA A. MORRISON**

Maria A. Morrison

6/11/01

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** Delete
 NAME **HAUSHALTER, MICHAEL**
 STREET ADDRESS **7751 BLACK LAKE RD**
 CITY-ST-ZIP **KISSIMMEE FL**

TITLE **PD** Change Addition
 NAME **MARIA A. MORRISON**
 STREET ADDRESS **7751 Black Lake Road**
 CITY-ST-ZIP **Kissimmee, FL 34747**

TITLE **D** Delete
 NAME **GASIOROWSKI, WALTER**
 STREET ADDRESS **7751 BLACK LAKE ROAD**
 CITY-ST-ZIP **KISSIMMEE FL 34747**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **TD** Delete
 NAME **MARQUEZ, FRANK D**
 STREET ADDRESS **7751 BLACK LAKE RD**
 CITY-ST-ZIP **KISSIMMEE FL**

TITLE **D** Change Addition
 NAME **CYNTHIA HEAD**
 STREET ADDRESS **7751 Black Lake Road**
 CITY-ST-ZIP **Kissimmee, FL 34747**

TITLE **D** Delete
 NAME **WIMBERGER, JOHN**
 STREET ADDRESS **7751 BLACK LAKE ROAD**
 CITY-ST-ZIP **KISSIMMEE FL 34747**

TITLE **D** Change Addition
 NAME **TRACEY OWENS**
 STREET ADDRESS **7751 Black Lake Road**
 CITY-ST-ZIP **Kissimmee, FL 34747**

TITLE **ASD** Delete
 NAME **MORRISON, MARIA A**
 STREET ADDRESS **7751 BLACK LAKE ROAD**
 CITY-ST-ZIP **KISSIMMEE FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **SD** Delete
 NAME **VELEZ, CAROL**
 STREET ADDRESS **7751 BLACK LAKE ROAD**
 CITY-ST-ZIP **KISSIMMEE FL 34747**

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:

FRANK D. MARQUEZ REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Frank D. Marquez

6-3-01 407-397-1300
 Date Daytime Phone #

Maria Morrison, President

CR2E037 (10/00)