

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2002 8:00 am
Secretary of State

04-21-2002 90860 038 ****61.25

DOCUMENT # N41806

1. Entity Name
SILVER LAKE RESORT OWNERS ASSOCIATION, INC.

Principal Place of Business 7751 BLACK LAKE RD KISSIMMEE FL 34746	Mailing Address 7751 BLACK LAKE RD KISSIMMEE FL 34746
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 59-3150951		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
MORRISON, MARIA A 7751 BLACK LAKE ROAD KISSIMMEE FL 34747				Name DEBORAH MOORE			
				Street Address (P.O. Box Number is Not Acceptable) 7751 BLACK LAKE ROAD			
				KISSIMMEE, FL 34747			
				City KISSIMMEE		FL	

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: *Deborah Moore* **DEBORAH MOORE, Pres.** **4/10/02**

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. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME	PD MORRISON, MARIA A	<input checked="" type="checkbox"/> Delete	TITLE NAME	President Deborah Moore	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP	7751 BLACK LAKE RD KISSIMMEE FL 34747		STREET ADDRESS CITY-ST-ZIP	7751 Black Lake Road Kissimmee, FL 34747	
TITLE NAME	TD MARQUINEZ, FRANK D	<input type="checkbox"/> Delete	TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP	7751 BLACK LAKE RD KISSIMMEE FL		STREET ADDRESS CITY-ST-ZIP		
TITLE NAME	D WIMBERGER, JOHN	<input type="checkbox"/> Delete	TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP	7751 BLACK LAKE ROAD KISSIMMEE FL 34747		STREET ADDRESS CITY-ST-ZIP		
TITLE NAME	D HEAD, CYNTHIA	<input checked="" type="checkbox"/> Delete	TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP	7751 BLACK LAKE ROAD KISSIMMEE FL 34747		STREET ADDRESS CITY-ST-ZIP		
TITLE NAME	D OWENS, TRACEY	<input type="checkbox"/> Delete	TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP	7751 BLACK LAKE ROAD KISSIMMEE FL 34747		STREET ADDRESS CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete	TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP			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: *Deborah Moore* **DEBORAH MOORE, Pres.** **4/10/02** **407-397-1300**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)