

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 30, 2001 8:00 am
Secretary of State

01-30-2001 90078 006 ****70.00

004268

DOCUMENT # N49843

1. Entity Name

SILVER PALMS HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

THE TIMBERLAKE GROUP INC
5050 N W 74TH AVENUE
MIAMI FL 33166
US

C/O TIMBERLAKE GROUP, INC.
5050 N.W. 74TH AVENUE
MIAMI FL 33166
US

C0011692



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0398371

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

DUGGER, ROBERT A
5050 N W 74TH AVENUE
8405 NW 53 ST., A102
MIAMI FL 33166

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

ROBERT A. DUGGER SR.

1/09/01

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
NAME
STREET ADDRESS
CITY-ST-ZIP

PD
RODRIGUEZ, JOHNNY
10413 SW 23 ST
MIAMI FL 33165

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

VPD
CALVINO, ENI
10410 SW 22 ST
MIAMI FL 33165

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

SD
BELLO, PEDRO A
2166 SW 103 PL
MIAMI FL 33165

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TITLE
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STREET ADDRESS
CITY-ST-ZIP

TD
SANTAYANA, PATRICIA
10351 SW 20 TERR
MIAMI FL 33165

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NAME
STREET ADDRESS
CITY-ST-ZIP

VPD
CUZA, RUBEN
2125 SW 103 PL
MIAMI FL 33165

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☐ Addition

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 OF JOHNNY RODRIGUEZ

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/17/01

DATE

(305) 593-1141

DAYTIME PHONE #

CR2E037 (10/00)