

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 30, 2003 8:00 am
Secretary of State

01-30-2003 90173 010 ****61.25

DOCUMENT # N50054

1. Entity Name

SILENT NEIGHBORS OF LAKE COUNTY, INC.



Principal Place of Business

**PO BOX 911
TAVARES FL 32778**

Mailing Address

**P.O. BOX 911
TAVARES FL 32778-0911**

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 **59-3121653**

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

**GOODMAN ZOANN
31849 BLANTON LN
TAVARES FL 32778**

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. I am familiar with, and accept the obligations of registered agent.

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	T	<input type="checkbox"/> Delete
NAME	TICE, SANDRA	
STREET ADDRESS	321 MARINO DRIVE	
CITY-ST-ZIP	LADY LAKE FL 32159	
TITLE	TRD	<input type="checkbox"/> Delete
NAME	KEGAN, FAYE	
STREET ADDRESS	2405 WINONA AVE	
CITY-ST-ZIP	LEESBURG FL 34748	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BELTZER, DAVID	
STREET ADDRESS	314 OAK LANE PASS	
CITY-ST-ZIP	OCALA FL 34472	
TITLE	VP	<input type="checkbox"/> Delete
NAME	VANLOON, BERT	
STREET ADDRESS	2446 ISLAND CLUBWAY	
CITY-ST-ZIP	ORLANDO FL 32822	
TITLE	PD	<input type="checkbox"/> Delete
NAME	GOODMAN, ZOANN	
STREET ADDRESS	31849 BLANTON LANE	
CITY-ST-ZIP	TAVARES FL 32778	
TITLE	DS	<input type="checkbox"/> Delete
NAME	NELSON, JOHN	
STREET ADDRESS	317 SANTA CLARA CIRCLE	
CITY-ST-ZIP	LADY LAKE FL 32159	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	5	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Barbara Hogberg	
STREET ADDRESS	17789 SE 96th Ct.	
CITY-ST-ZIP	Summerfield, FL 34491-8448	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Nelson, John	
STREET ADDRESS	317 Santa Clara Cir.	
CITY-ST-ZIP	Lady Lake, FL 32159	

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: **Zoann Goodman** 1-11-03

CR2E037 (10/02)

Attachment 10015641
N50054

TRD

Virginia Lee
3033 Myakka River Road
Tavares, FL 32778

D

Merlin Tice
321 San Marino Drive
The Villages, FL 32159

D

Lois Cherwinski
317 Santa Clara Circle
The Villages, FL 32159

D

Warner St. John
529 Alcazar Court
The Villages, FL 32150