2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N93000004659

1. Entity Name

SILVERWOOD HOMEOWNERS' ASSOCIATION, INC.

FILED
Apr 06, 2000 8:00 am
Secretary of State
04-06-2000 90026 008 ****61.25

Principal Place of Business	Mailing Address
117 W ALEXANDER ST #165 PLANT CITY FL 33566 US	117 W ALEXANDER ST #165 PLANT CITY FL 33566-7155 US

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 59-3234049 ☐ 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
LISA L PATTERSON 3323 SILVERPOND DR PLANT CITY FL 33567	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 Lisa L Patterson 3/30/00
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	VD SELF, ROGER 117 W ALEXANDER ST #165 PLANT CITY FL 33566	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP Troy Crews 117 W. Alexander St #165 Plant City. FL 33566	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD PAUL ARCHIBALD 117 W ALEXANDER ST #165 PLANT CITY FL 33566	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD Lisa Schaal 117 W Alexander St S #165 Plant City FL 33566	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD LISA PATTERSON 117 W ALEXANDER ST #165 PLANT CITY FL 33566	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD Jennifer Keeler 117 W Alexander St S #165 Plant City FL 33566	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD NITA BUCKLER 117 W ALEXANDER ST #165 PLANT CITY FL 33566	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD SCHAAL, LISA 117 W ALEXANDER ST #165 PLANT CITY FL 33566	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (9/99)

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: Lisa L Patterson EQ Lisa L Patterson 3-30-00 (813) 759-1493
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #