

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 06, 2002 8:00 am
Secretary of State

05-06-2002 90050 036 ****61.25

DOCUMENT # N98000005249

1. Entity Name

SILVER CREEK RESIDENTS' ASSOCIATION, INC.

Principal Place of Business

Mailing Address

C/O INTEGRATED PROPERTY MANAGEMENT
 3435 10TH STREET N SUITE 201
 NAPLES FL 34103

C/O INTEGRATED PROPERTY MANAGEMENT
 3435 10TH STREET N SUITE 201
 NAPLES FL 34103

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3571353

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

**HENNELLS, SCOTT
 WEIBAL & HENNELLS
 9240 BONITA BEACH ROAD #3305
 BONITA SPRINGS FL 34135**

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

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 ☒ Delete
 NAME **PD REYNOLDS, JOHN**
 STREET ADDRESS **23608 STONYRIVER PLACE**
 CITY-ST-ZIP **BONITA SPRINGS FL 34135**

TITLE ☐ Change ☒ Addition
 NAME **P/D Lewis, Richard**
 STREET ADDRESS **23745 Stonyriver Place Stonyriver Place**
 CITY-ST-ZIP **Bonita Springs, FL 34135**

TITLE ☐ Delete
 NAME **VD FUCHS, JUDY**
 STREET ADDRESS **23267 STONYRIVER PLACE**
 CITY-ST-ZIP **BONITA SPRINGS FL 34135**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☒ Delete
 NAME **STD RISSER, GENE**
 STREET ADDRESS **23713 STONYRIVER PLACE**
 CITY-ST-ZIP **BONITA SPRINGS FL 34135**

TITLE ☐ Change ☒ Addition
 NAME **S/T/D White, Edwin**
 STREET ADDRESS **23609 Stonyriver Place**
 CITY-ST-ZIP **Bonita Springs, FL 34135**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
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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:

EDWIN M. WHITE
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/18/02 239-434-7447

CR2E037 (9/01)