

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 29, 2002 8:00 am**  
**Secretary of State**

04-28-2002 90756 001 \*\*\*211.25

87230

**DOCUMENT # N01000007899**

1. Entity Name

**ENCLAVE AT SILVER OAK NEIGHBORHOOD ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

66 ISLAND CIR  
 SARASOTA FL 34242

66 ISLAND CIR  
 SARASOTA FL 34242

2. Principal Place of Business

3. Mailing Address

8865 Enclave CT

8865 Enclave CT

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Sarasota FL

Sarasota FL

City & State

City & State

4. FEI Number

Applied For  
 Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

8. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

REES, STEPHEN D ESQUIRE  
 2033 MAIN STREET  
 SARASOTA FL 34237

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	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
DPT	PERLEY, LYALL J JR	66 ISLAND CIR	SARASOTA FL 34242	<input type="checkbox"/>
DV	PHILLIPS, ROD E JR	535 BEACH RD	SARASOTA FL 34242	<input type="checkbox"/>
DS	PHILLIPS, CHRISTY P	535 BEACH RD	SARASOTA FL 34242	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
		8865 ENCLAVE CT	SARASOTA FL 34238	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

CR2037 (9/01)

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 REQUIRED  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
 LYALL PERLEY

4-15-02 941 925 7594  
 Date Daytime Phone #