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

FILED
Jun 08, 2004 8:00 am
Secretary of State
06-08-2004 90001 048 ****70.00

DOCUMENT # 722816

1. Entity Name

SID TREE SHORES OWNERS ASSOCIATION, IN

DO NOT WRITE IN THIS SPACE

44046153

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc. 2025 HICKORYWOOD DRIVE	Suite, Apt. #, etc. 2025 HICKORYWOOD DRIVE
City & State SO. DAYTONA, FL. 32119	City & State SO. DAYTONA, FL 32119
Zip 32119-8802 Country VOLUSIA	Zip 32119-8802 Country VOLUSIA

4. FEI Number 59-2350226 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: ANNA LEE

Street Address (P.O. Box Number is Not Acceptable): 1 APPLEWOOD CIRCLE

City: SO DAYTONA | FL | Zip Code: 32119

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 _____ DATE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FEE IS $61.25 Initial or Amended UBR

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

TITLE	PD	TITLE	
NAME	ANNA LEE	NAME	
STREET ADDRESS	1 APPLEWOOD CIRCLE - SoDAYTONA	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	VP	TITLE	
NAME	RITA DEMATTEO	NAME	
STREET ADDRESS	7 APPLEWOOD CIRCLE - SoDAYTONA	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	S	TITLE	
NAME	IRENE J. HALE	NAME	
STREET ADDRESS	17 APPLEWOOD CIRCLE - SoDAYTONA	STREET ADDRESS	DO NOT WRITE
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	D	TITLE	IN THIS SPACE
NAME	DORIS WERNER	NAME	
STREET ADDRESS	2048 Hickorywood DR SoDAYTONA	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	D	TITLE	
NAME	GLADYS KUHMLY	NAME	
STREET ADDRESS	2034 Hickorywood DR SoDAYTONA	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	D.	TITLE	
NAME	AIDA MURPHY	NAME	
STREET ADDRESS	5 APPLEWOOD CIRCLE SODAYTONA	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

CR2E037B (12/02)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: ANNA LEE PRESIDENT Anna Lee June 2, 2004

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #