

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2000 8:00 am
Secretary of State

05-02-2000 90060 035 ****61.25

DOCUMENT # 729599

1. Entity Name

SHADY DELL CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

3135 SHADY DELL LN. BOX 152
 MELBOURNE FL 32935

3135 SHADY DELL LN. BOX 152
 MELBOURNE FL 32935-6264

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1586900

Applied For

Not Applicable

Zip

Country

Zip

Country

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

FORD, ELIZABETH A
3135 SHADY DELL LANE, #104
MELBOURNE FL 32935

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	PD BARBOUR, EDWARD 3135 SHADY DELL LANE #114 MELBOURNE FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HENRY, JACK 3135 SHADY DELL LANE #108 MELBOURNE FL	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ROTH, STEVEN 3135 SHADY DELL LANE #219 MELBOURNE FL 32935	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D D'ANGELO, ALBERT 3135 SHADY DELL LN #203 MELBOURNE FL 32935	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD YOST, ALICE D 3135 SHADY DELL LANE 120 MELBOURNE FL 32935	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

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

Jack Henry
3135 Shady Dell Lane #108
Melbourne, FL 32935

SD
DALE MADHERSON #122
3135 SHADY DELL LN.
MELBOURNE, FL 32935

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7-7-00 **321-259-8814**

CR2E037 (9/99)