

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 24, 2003 8:00 am
Secretary of State

02-24-2003 90225 036 ****61.25

DOCUMENT # 729599

1. Entity Name

SHADY DELL CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

**3135 SHADY DELL LN. BOX 152
MELBOURNE FL 32935**

Mailing Address

**3135 SHADY DELL LN. BOX 152
MELBOURNE FL 32935**

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 **59-1586900**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**SHEA, THOMAS
3135 SHADY DELL LANE
#109
MELBOURNE FL 32935**

7. Name and Address of New Registered Agent

Name **RIPLEY, PAUL**

Street Address (P.O. Box Number is Not Acceptable)

3135 SHADY DELL LN 201

City **MELBOURNE**

FL

Zip Code
32935

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

Paul E. Ripley

2-18-03

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **PD** ☒ Delete
NAME **SHEA, THOMAS**
STREET ADDRESS **3135 SHADY DELL LANE #109**
CITY-ST-ZIP **MELBOURNE FL 32935**

TITLE **VD** ☒ Delete
NAME **D'ANGELO, ALBERT**
STREET ADDRESS **3135 SHADY DELL LANE #203**
CITY-ST-ZIP **MELBOURNE FL**

TITLE **SD** ☒ Delete
NAME **YOST, ALICE D**
STREET ADDRESS **3135 SHADY DELL LANE #120**
CITY-ST-ZIP **MELBOURNE FL 32935**

TITLE **TD** ☒ Delete
NAME **LAMMERS, CHARLES**
STREET ADDRESS **3135 SHADY DELL LANE #116**
CITY-ST-ZIP **MELBOURNE FL 32935**

TITLE **D** ☒ Delete
NAME **BARBOUR, EDWARD**
STREET ADDRESS **3135 SHADY DELL LANE #114**
CITY-ST-ZIP **MELBOURNE FL 32935**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☐ Change ☒ Addition
NAME **RIPLEY, PAUL**
STREET ADDRESS **3135 SHADY DELL LN 201**
CITY-ST-ZIP **MELBOURNE, FL 32935**

TITLE **VD** ☐ Change ☒ Addition
NAME **HENRY, JACK**
STREET ADDRESS **3135 SHADY DELL LN 108**
CITY-ST-ZIP **MELBOURNE, FL 32935**

TITLE **SD, TD** ☐ Change ☒ Addition
NAME **MCPHERSON, DEE**
STREET ADDRESS **3135 SHADY DELL LN 122**
CITY-ST-ZIP **MELBOURNE, FL 32935**

TITLE **D** ☐ Change ☐ Addition
NAME **BARBOUR, EDWARD**
STREET ADDRESS **3135 SHADY DELL LANE 114**
CITY-ST-ZIP **MELBOURNE, FL 32935**

TITLE **D** ☐ Change ☐ Addition
NAME **D'ANGELO, ALBERT**
STREET ADDRESS **3135 SHADY DELL LN 203**
CITY-ST-ZIP **MELBOURNE, FL 32935**

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 another like empowered.

SIGNATURE:

Paul E. Ripley

2-18-03 (321)253291A

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER

CR2E037 (10/02)