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

FILED
Apr 14, 2003 8:00 am
Secretary of State
04-14-2003 90391 005 ****61.25

DOCUMENT # 732268

1. Entity Name
SHOCKLEY HILL CLUB INC.

Principal Place of Business	Mailing Address
20325 BLUE WING ROAD P. O. BOX 583 ALTOONA FL 32702 US	20325 BLUE WING ROAD P. O. BOX 583 ALTOONA FL 32702 US

☑ CHECK HERE IF MAKING CHANGES

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 59-1647615 ☐ 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
VARROS, MARGARET 20244 BLACK DUCK ROAD ALTOONA FL 32702	Name: Dolores L. Rhea Street Address (P.O. Box Number is Not Acceptable): 20420 Blue Wing Rd. City: Altoona **FL** Zip Code: 32702

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 Dee Rhea Dolores L. Rhea 4/8/03
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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P RUSH, CHARLOTTE 20434 GADWALL ROAD ALTOONA FL 32702	☒ Delete	P Ardana Prater 38000 SR 19, Umatilla Fl 32784	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP ABDON, MARIE 20405 BLACK DUCK ROAD ALTOONA FL 32702	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S WATSON, FLORENCE 47220 DEER ROAD ALTOONA FL 32702	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T RHEA, DOLORES 20420 GREEN WING ROAD ALTOONA FL 32702	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BLOYS, ROSALIE 20414 GADWALL ROAD ALTOONA FL 32702	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DAVIES, MARGIE 20335 BLUE WING ROAD ALTOONA FL 32702	☐ Delete		☐ Change ☐ Addition

CR2E037 (10/02)

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Dee Rhea Dolores L. Rhea 669 6815 4/8/03