

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 01, 2001 8:00 am
Secretary of State

02-01-2001 90180 046 ****61.25

DOCUMENT # 733738

1. Entity Name

SHADOW BROOK PROPERTY OWNERS' ASSOCIATION, INC.

Principal Place of Business

Mailing Address

5865 34TH LANE
 VERO BCH FL 32966

5865 34TH LANE
 VERO BCH FL 32966

2. Principal Place of Business

5845 34TH ST

Suite, Apt. #, etc.

3. Mailing Address

5845 34TH ST

Suite, Apt. #, etc.

City & State

VERO BEACH FL

City & State

VERO BEACH, FL

4. FEI Number

59-1650683

Applied For

Not Applicable

Zip

FL 32966

Country

INDIAN RIVER

Zip

32966

Country

INDIAN RIVER

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

EDWARD R. KOFKE
5845 34TH ST.
VERO BEACH FL 32960

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 Delete
 NAME **P HATALDA, CONNIE**
 STREET ADDRESS **5865 34TH LANE**
 CITY-ST-ZIP **VERO BEACH FL 32966**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **V TODD, MARY J**
 STREET ADDRESS **3426 SHADOWBANK LANE**
 CITY-ST-ZIP **VERO BEACH FL 32966**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **TD KOFKE, ED**
 STREET ADDRESS **5845 34 ST**
 CITY-ST-ZIP **VERO BEACH FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **SD WEBER, MARIAN**
 STREET ADDRESS **5870 34 LANE**
 CITY-ST-ZIP **VERO BCH, FL 00000**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **D YOUNG, TOM**
 STREET ADDRESS **5885 34TH LANE**
 CITY-ST-ZIP **VERO BEACH FL 32966**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **D THELK, LOU**
 STREET ADDRESS **5850 34TH ST**
 CITY-ST-ZIP **VERO BEACH FL 32966**

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 all other like empowered.

SIGNATURE *Edward R. Kofke* **EDWARD R. KOFKE** (561)
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
 1-25-01 567-4490

CR2E037 (10/00)