FILED

2001 UNIFORM BUSINESS REPORT (UBR)

Feb 13, 2001 8:00 am **DOCUMENT # 735425 Secretary of State** 1. Entity Name 02-13-2001 90063 014 ****61.25 THE SHUTTERS CONDOMINIUM ASSOCIATION, INC. Principal Place of Business Mailing Address 155 YACHT CLUB DR. 155 YACHT CLUB DR. 919987 NO. PALM BEACH FL 33408 NO. PALM BEACH FL 33408 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-1833567 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent SAHAREK, DONALD 155 YACHT CLUB DRIVE **NORTH PALM BEACH FL 33408** 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 (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing FILE NOW: \$5.00 May Be Make Check Payable to Trust Fund Contribution. Department of State FEE IS \$61.25 Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. NAME 100 ☐ Addition TITLE ☐ Delete MIDDLETON, ROSE SAME STREET ADDRESS STREET ADDRESS 155 YACHT CLUB DR CITY-ST-ZIP CITY-ST-ZIP NO PALM BEACH FL 33408 NAME PO Delete PD ☐ Addition TITLE SAHAREK, DONALD STREET ADDRESS STREET ADDRESS 155 YACHT CLUB DRIVE #403 CITY-ST-ZIP CITY-ST-ZIP NORTH PALM BEACH FL 33408 Delete SD TITLE TITLE bucht Club Drive # NAME RICKETTS, PATRICIA NAME STREET ADDRESS STREET ADDRESS 155 YACHT CLUB DR. #205 CITY-ST-7IP CITY-ST-ZIP NORTH PALM BEACH FL 33408 TITI F ☐ Addition ASD 📆 Delete TITLE NAME ASS NAME RICKETTS, PATRICIA STREET ADDRESS STREET ADDRESS 155 YACHT CLUB DR SUITE 205 CITY-ST-ZIP CITY-ST-ZIP NO PALM BEACH FL TITLE 🖸 Delete ☐ Addition TITLE NAME 3 NAME GAGLIARDI, VINCENT STREET ADDRESS STREET ADDRESS 155 YACHT CLUB DR SUITE 306 CITY-ST-ZIP CITY-ST-ZIP NO PALM BEACH FL 33408 TITLE Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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

of the corporation or the receiver of 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

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