

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 15, 2000 8:00 am**  
**Secretary of State**

02-15-2000 90061 034 \*\*\*\*61.25

**DOCUMENT # 736753**

1. Entity Name

**SHADOW BROOK CONDOMINIUM OWNER'S ASSOCIATION, IN**

Principal Place of Business 6710 ELLENTON-GILLETTE RD. PALMETTO FL 34220 US	Mailing Address P.O. 126 PALMETTO FL 34220-0126 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip	Country

4. FEI Number <b>59-1947686</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

**FREEDOM MANAGEMENT SERVICES INC**  
**1905 MANATEE AVE. W. - 1720 Manatee Ave W.**  
**BRADENTON FL 34205**

**7. Name and Address of New Registered Agent**

Name: **Freedom Properties Inc**  
 Street Address (P.O. Box Numbers Not Acceptable): **1720 Manatee Ave W**  
 City: **Bradenton FL** FL **34205**

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 of typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW:**  
**FEF 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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KUNZIE, JOHN <input checked="" type="checkbox"/> Delete 6710 ELLENTON-GILLETTE RD #10 PALMETTO FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PO HOWARD, HORN <input checked="" type="checkbox"/> Delete 6710 ELLENTON GILLETTE #139 PALMETTO FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	COB LEBDA, GERRY <input checked="" type="checkbox"/> Delete 6710 ELLENTON GILLETTE #177 PALMETTO FL 34221
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD DUNOIS, FRANK <input type="checkbox"/> Delete 6710 ELLENTON GILLETTE # 362 PALMETTO FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD RAPP, WILLIAM <input checked="" type="checkbox"/> Delete 6710 ELLENTON-GILLETTE RD #13 PALMETTO FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT TOWNSEND, MARGARET <input type="checkbox"/> Delete 6710 ELLENTON GILLETTE #229 PALMETTO FL

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Thurl Mann <input type="checkbox"/> Change <input type="checkbox"/> Addition 6710 Ellenton-Gillette #368 PALMETTO, FL 34221
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del>EARL Reynolds Vice Pres</del> <input type="checkbox"/> Change <input type="checkbox"/> Addition EARL Reynolds 6710 Ellenton Gillette #385 PALMETTO, FL 34221
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Chairman Doug Brickert <input type="checkbox"/> Change <input type="checkbox"/> Addition 6710 Ellenton Gillette #2 PALMETTO, FL 34221
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Corp. Secretary Myrna Peterson <input type="checkbox"/> Change <input type="checkbox"/> Addition 6710 Ellenton-Gillette #171 PALMETTO, FL 34221

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:   
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **Thurl Mann** **1-13-00** **729-1245**  
 Date Daytime Phone #

CR2E037 (9/99)