

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N06008

1. Entity Name

SHORELANDS WEST HOMEOWNERS' ASSOCIATION, INC.

FILED
Jan 20, 2000 8:00 am
Secretary of State

01-20-2000 90083 005 ****61.25

Principal Place of Business

Mailing Address

2920 CARDINAL DRIVE
P.O. BOX 3247
VERO BEACH FL 32964

P O BOX 3741
VERO BEACH FL 32964
US

2. Principal Place of Business

3355 Ocean Dr

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Vero Beach FL

Zip

Country

Zip

Country

32963

4. FEI Number

59-2533808

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

EVANS, RALPH L
3355 OCEAN DR
VERO BEACH FL 32963

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 PD ☐ Delete
NAME BURGE, KELMAR
STREET ADDRESS 1375 SHORELANDS DRIVE NORTH
CITY-ST-ZIP VERO BEACH FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ST ☐ Delete
NAME BLACK, DWIGHT
STREET ADDRESS 1395 SHORLEANDS DRIVE NORTH
CITY-ST-ZIP VERO BCH FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME THAYER, BRUCE
STREET ADDRESS 1425 SHORELANDS DRIVE NORTH
CITY-ST-ZIP VERO BEACH FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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:

Signature of Ralph L. Evans
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

561-231-1265

CR2E037 (9/99)