

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**Feb 01, 2002 8:00 am**  
**Secretary of State**

02-01-2002 90057 050 \*\*\*\*61.25

**DOCUMENT # N07673**

1. Entity Name

**SHADOWWOOD CIVIC ASSOCIATION OF HUDSON, INC.**

Principal Place of Business

Mailing Address

14709 SHADOW WOOD BLVD  
 HUDSON FL 34667

14709 SHADOW WOOD BLVD  
 HUDSON FL 34667

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-2601945**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**VAUGHN, ALBERT**  
**14620 CORTLAND DR**  
**HUDSON FL 34667**

Name **KAPPES, JAMES**  
 Street Address (P.O. Box Number is Not Acceptable)

**14718 CORTLAND DR.**

City **HUDSON, FL, 34667 FL** Zip Code **34667**

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

*James Kappes*  
 Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**01/08/02**

**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 **SD**  Delete  
 NAME **ELLIOTT, JOYCE**  
 STREET ADDRESS **14712 CORTLAND DRIVE**  
 CITY-ST-ZIP **HUDSON FL 34667**

TITLE **PRESIDENT**  Change  Addition  
 NAME **KAPPES, JAMES**  
 STREET ADDRESS **14718 CORTLAND DR.**  
 CITY-ST-ZIP **HUDSON FL 34667**

TITLE **TD**  Delete **A.K.**  
 NAME **CLARK, VIVIAN**  
 STREET ADDRESS **8906 CORALWOOD DRIVE**  
 CITY-ST-ZIP **HUDSON FL**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **VD**  Delete  
 NAME **TUNER, JOHN**  
 STREET ADDRESS **14620 CORTLAND DRIVE**  
 CITY-ST-ZIP **HUDSON FL 34667**

TITLE **VICE PRESIDENT**  Change  Addition  
 NAME **CHARLES O'NEILL**  
 STREET ADDRESS **14800 CORTLAND DR.**  
 CITY-ST-ZIP **HUDSON FL 34667**

TITLE **PD**  Delete  
 NAME **VAUGHN, ALBERT**  
 STREET ADDRESS **14620 SHADOWWOOD BLVD.**  
 CITY-ST-ZIP **HUDSON FL 34667**

TITLE **SECRETARY**  Change  Addition  
 NAME **TREDDORE NENNINGER**  
 STREET ADDRESS **14703 GWENWOOD CIR**  
 CITY-ST-ZIP **HUDSON FL 34667**

TITLE **D**  Delete  
 NAME **MOLDEN, RUSSELL**  
 STREET ADDRESS **14808 CORTLAND DRIVE**  
 CITY-ST-ZIP **HUDSON FL 34667**

TITLE **DIRECTOR AT LARGE**  Change  Addition  
 NAME **ROBERT HANES**  
 STREET ADDRESS **14812 SHADOWWOOD BLVD**  
 CITY-ST-ZIP **HUDSON, FL 34667**

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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 James Kappes*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**01/08/02** **727-863-9683**  
 Date Daytime Phone #

CR2E037 (9/01)