

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 14, 2003 8:00 am
Secretary of State

04-14-2003 90072 019 *****61.25

DOCUMENT # N07673

1. Entity Name

SHADOWWOOD CIVIC ASSOCIATION OF HUDSON, INC.



Principal Place of Business

**14709 SHADOW WOOD BLVD
HUDSON FL 34667**

Mailing Address

**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

Zip

Country

Zip

Country

4. FEI Number **59-2601945**

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

**KAPPS, JAMES
14178 CORTLAND DRIVE
HUDSON FL 34667**

Name

JOHN TURNER

Street Address (P.O. Box Number is Not Acceptable)

14620 CORTLAND DR

City

HUDSON

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

John Turner **JOHN TURNER PRESIDENT MAR 20 2003**

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	KAPPER, JAMES	
STREET ADDRESS	14718 CORTLAND DRIVE	
CITY-ST-ZIP	HUDSON FL 34667	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	CLARK, VIVIAN	
STREET ADDRESS	8906 CORALWOOD DRIVE	
CITY-ST-ZIP	HUDSON FL	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	CHARLES, O NEIL	
STREET ADDRESS	14800 CORTLAND DRIVE	
CITY-ST-ZIP	HUDSON FL 34667	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	THEODRE, NENNINGER	
STREET ADDRESS	14703 GWENWOOD CIRCLE	
CITY-ST-ZIP	HUDSON FL 34667	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	ROBERT, HINES	
STREET ADDRESS	14808 CORTLAND DRIVE	
CITY-ST-ZIP	HUDSON FL 34667	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JOHN TURNER	
STREET ADDRESS	14620 CORTLAND DR.	
CITY-ST-ZIP	HUDSON FL 34667	
TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ANN KAPPE	
STREET ADDRESS	14718 CORTLAND DR	
CITY-ST-ZIP	HUDSON FL 34667	
TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	EO WISE	
STREET ADDRESS	14800 SHADOWWOOD BLVD	
CITY-ST-ZIP	34667 HUDSON FL	
TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JOE WEINREICH	
STREET ADDRESS	8912 DUNMORE	
CITY-ST-ZIP	HUDSON FL 34667	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WALT SMITH	
STREET ADDRESS	14713 CORTLAND DR	
CITY-ST-ZIP	HUDSON FL 34667	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *John Turner* **JOHN TURNER** **MAR 20 2003 727-862-4120**

CR2E037 (10/02)