

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 25, 2002 8:00 am
Secretary of State
 02-25-2002 90058 014 ****61.25

DOCUMENT # N22506

1. Entity Name

SHANNON HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

**4013 SHADY OAK CT
LAKE MARY FL**

**P.O. BOX 951544
LAKE MARY FL 32795-1544**

2. Principal Place of Business

3. Mailing Address

4017 SHADY OAK CT.

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

LAKE MARY, FL

4. FEI Number

59-3261556

Applied For

☒ Not Applicable

Zip

Country

Zip

Country

32746

USA

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

**BAHR, BILL
4013 SHADY OAK CT
LAKE MARY FL 32746**

Name

MICHELLE DUVALL-RUBIN

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

4017 SHADY OAK COURT

City

LAKE MARY

FL

Zip Code

32746

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

Michelle Duvall-Rubin - MICHELLE DUVALL-RUBIN - PRESIDENT - 2/11/02

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 **MD** ☒ Delete
NAME **BAHR, BILL**
STREET ADDRESS **4013 SHADY OAK CT**
CITY-ST-ZIP **LAKE MARY FL 32746**

TITLE **P.D.** ☐ Change ☒ Addition
NAME **MICHELLE DUVALL-RUBIN**
STREET ADDRESS **4017 SHADY OAK COURT**
CITY-ST-ZIP **LAKE MARY, FLORIDA 32746**

TITLE **T** ☐ Delete
NAME **HARRIS, GIGI**
STREET ADDRESS **3600 WIMBLEDON DR**
CITY-ST-ZIP **LAKE MARY FL 32746**

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

TITLE **PD** ☒ Delete
NAME **HEINRICH, CAROLYN**
STREET ADDRESS **3611 WIMBLEDON DR**
CITY-ST-ZIP **LAKE MARY FL 32746**

TITLE **V.D.** ☐ Change ☒ Addition
NAME **JOE PROUDFOOT**
STREET ADDRESS **4016 SHADY OAK COURT**
CITY-ST-ZIP **LAKE MARY, FLORIDA 32746**

TITLE **VD** ☒ Delete
NAME **BECK, CHERYL**
STREET ADDRESS **3910 WIMBLEDON DR**
CITY-ST-ZIP **LAKE MARY FL 32746**

TITLE **M** ☐ Change ☒ Addition
NAME **ELYN DUGAN**
STREET ADDRESS **3701 WIMBLEDON DRIVE**
CITY-ST-ZIP **LAKE MARY, FLORIDA 32746**

TITLE **MD** ☒ Delete
NAME **LOWER, ED**
STREET ADDRESS **3710 WIMBLEDON DRIVE**
CITY-ST-ZIP **LAKE MARY FL 32746**

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

TITLE **MD** ☐ Delete
NAME **BERGER, MARIAN**
STREET ADDRESS **4021 SHADY OAK COURT**
CITY-ST-ZIP **LAKE MARY FL 32746**

TITLE **S.D.** ☒ Change ☐ Addition
NAME **MARIAN BERGER**
STREET ADDRESS **4021 SHADY OAK COURT**
CITY-ST-ZIP **LAKE MARY, FLORIDA 32746**

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:

Michelle Duvall-Rubin
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/11/01

407-333-3347

Date

Daytime Phone #

CR2E037 (9/01)