

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N960 0000 3165

1. Entity Name

SHADOW OAKS EAST Homeowners Association, Inc.

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01 SEP 27 PM 3: 21

Principal Place of Business

Mailing Address

9120 FORT KING ROAD
DADE CITY, FLORIDA
32525

9120 FORT KING ROAD
DADE CITY, FLORIDA
32525

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

59-350 3273

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

JACOB IREIBER
27429 SR 54 W
Wesley CHAPEL, FL. 33544

Name
JAMES K. FRAZIER
Street Address (P.O. Box Number is Not Acceptable)
9120 FORT KING ROAD
City
DADE CITY
FL
Zip Code
32525

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.

JAMES K. FRAZIER

(NOTE: Registered Agent signature required when reinstating)

7-23-01

DATE

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so.
(See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Pres-D
NAME Johnny L Wild
STREET ADDRESS 27437 STATE ROAD 54 WEST
CITY-ST-ZIP Wesley CHAPEL FL. 33544

TITLE Pres-D
NAME JAMES K. FRAZIER
STREET ADDRESS 9120 FORT KING ROAD
CITY-ST-ZIP DADE CITY FL. 32525

TITLE Vice Pres
NAME RANDALL J MCCONNELL
STREET ADDRESS 4701 FOREST DRIVE
CITY-ST-ZIP BLAIRSVILLE GA 30512

TITLE VP-D
NAME JENNIFER HAGLIN (HAGLIN)
STREET ADDRESS 9120 FORT KING RD
CITY-ST-ZIP DADE CITY FL 33525

TITLE D
NAME Kim McConnell
STREET ADDRESS 4701 FOREST DRIVE
CITY-ST-ZIP BLAIRSVILLE GA 30512

TITLE D
NAME CAROLE DELP
STREET ADDRESS 37038 McConnell Lane
CITY-ST-ZIP Dade City, FL 33525

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 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

7-23-01 (813) 779-2485

Date

Daytime Phone #

CR2E034 (11/00)