


1. Entity Name  
**SHADYCREEK PROPERTY OWNERS ASSOCIATION, INC.**

Principal Place of Business      Mailing Address  
**3733 SOUTH TUTTLE AVENUE**      **3733 SOUTH TUTTLE AVENUE**  
**SARASOTA FL 34239**      **SARASOTA FL 34239-6410**

2. Principal Place of Business      3. Mailing Address  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.  
 City & State      City & State  
 Zip      Country      Zip      Country

FILED  
 00 APR 19 AM 9:11  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0701053**      Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent  
**ROBBINS, HARRY**  
**3733 SOUTH TUTTLE AVENUE**  
**SARASOTA FL 34239**

7. Name and Address of New Registered Agent  
 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>ROBBINS, HARRY</b> <b>2408 ADAGIO WAY</b> <b>SARASOTA FL 34231</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD</b> <b>SHAFFER, BETTY J.</b> <b>2415 ADAGIO WAY</b> <b>SARASOTA FL 34231</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>STD</b> <b>AMONTREE, EVA</b> <b>3850 TANGIER TERRACE</b> <b>SARASOTA FL 34239</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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]* **PRESIDENT**      **3-26-2000**      **941-921-5357**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

**2000 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **P93000004020**

1. Entity Name  
**CHARLES GROUP, INC.**

Principal Place of Business      Mailing Address  
**100 21 Street**      **100 21 Street**  
**Miami Beach, FL 33139**      **Miami Beach, FL 33139**

2. Principal Place of Business      3. Mailing Address  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.  
 City & State      City & State  
 Zip      Country      Zip      Country

FILED  
 00 APR 19 PM 2:39  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0381394**      Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

CR2E037 (9/99)