

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 19, 2000 8:00 am**  
**Secretary of State**

02-19-2000 90015 020 \*\*\*\*61.25

**DOCUMENT # N96000006113**

1. Entity Name

**SHANNON LAKES HOMEOWNERS ASSOCIATION, INC.**

Principal Place of Business

2180 WEST SR 434, SUITE 5000  
 LONGWOOD FL 32779-5044

Mailing Address

2180 WEST SR 434, SUITE 5000  
 LONGWOOD FL 32779

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

**59-3423421**

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

**TEPLITSKY, IGOR**  
 1155 SOUTH SEMORAN BLVD. #1118  
 WINTER PARK FL 32792

7. Name and Address of New Registered Agent

Name  
**HART, JAMES W JR**  
 Street Address (P.O. Box Number is Not Acceptable)  
**SENTRY MANAGEMENT INC**  
**2180 W SR 434 STE 5000**  
 City  
**LONGWOOD** **FL** Zip Code  
**32779**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

*1/18/00*

**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

TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	STEPHAN, REINHARD G	
STREET ADDRESS	2699 LEE ROAD STE. 540	
CITY-ST-ZIP	WINTER PARK FL 32789	
TITLE	STD	<input checked="" type="checkbox"/> Delete
NAME	MORIN, JOSEPH W	
STREET ADDRESS	1155 SOUTH SEMORAN BLVD. #1118	
CITY-ST-ZIP	WINTER PARK FL 32792	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	DAVIS, LYAL A	
STREET ADDRESS	1155 SOUTH SEMORAN BLVD. #1118	
CITY-ST-ZIP	WINTER PARK FL 32792	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CRUZ, JOHN P.	
STREET ADDRESS	2073 Shannon Lakes Blvd	
CITY-ST-ZIP	Kissimmee, FL 34743	
TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MENDEZ, CLAUDINE L.	
STREET ADDRESS	2046 Shannon Lakes Blvd.	
CITY-ST-ZIP	Kissimmee, FL 34743	
TITLE	STD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CHAMBERS, MICHELLE	
STREET ADDRESS	2336 Lily Pad Lane	
CITY-ST-ZIP	Kissimmee, FL 34743	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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:

*Michelle Chambers* **Michelle Chambers** 9-00

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)