

2000 UNIFORM BUSINESS REPORT (UBR)

5/15/00-90304-005-\$61.25-\$61.25

DOCUMENT # N97000006077

1. Entity Name

SHACKELFORD ESTATES HOMEOWNERS' ASSOCIATION, INC

FILED
 00 JUN -9 PM 12:46
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
 490 SEVERN AVENUE 490 SEVERN AVENUE
 TAMPA FL 33606 TAMPA FL 33606-3842

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 Applied For
NOT APPLICABLE 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

SHACKELFORD, RICHARD L
~~490 SEVERN AVENUE~~
TAMPA FL 33606

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 *Richard L Shackelford* DATE 4-27-00
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	Change	Addition
	PD	SHACKELFORD, RICHARD L	490 SEVERN AVENUE TAMPA FL 33606	<input type="checkbox"/>	<input type="checkbox"/>
	SD	SHACKELFORD, SANDRA K	490 SEVERN AVENUE TAMPA FL 33606	<input type="checkbox"/>	<input type="checkbox"/>
	D	LENOIR, RICHARD	490 SEVERN AVENUE TAMPA FL 33606	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	D	HEATHER LENOIR	490 SEVERN AVE, TAMPA, F 33606	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

CR2E037 (9/99)

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: *Richard L Shackelford* Date 4-27-00 Daytime Phone # 813-240-5945
Signature and typed or printed name of signing officer or director