## 2003 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT# N97000006077

FILED Apr 09, 2003 Secretary of State

Entity Name: SHACKELFORD ESTATES HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

LENOIR CT LENOIR C

PLANT CITY, FL 33567 PLANT CITY, FL 33566

Current Mailing Address: New Mailing Address:

5309 LENOIR C 5309 LENOIR CT

PLANT CITY, FL 33567 PLANT CITY, FL 33566

FEI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

SHACKELFORD, RICHARD L
490 SEVERN AVENUE
5306 LENOIR COURT
TAMPA, FL 33606 US
PLANT CITY, FL 33566 US

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: GEORGE MATHEW 04/09/2003

Electronic Signature of Registered Agent Date

## OFFICERS AND DIRECTORS:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

le: PD ( ) Delete Title: PD (X) Change ( ) Addition

 Name:
 FRASIER, RANDALL
 Name:
 FRASIER, RANDALL

 Address:
 5309 LENOIR CT
 Address:
 5309 LENOIR CT

 City-St-Zip:
 PLANT CITY, FL 33565
 City-St-Zip:
 PLANT CITY, FL 33566

Title: SD ( ) Delete Title: SD (X) Change ( ) Addition

 Name:
 HALL, MARY
 Name:
 HALL, MARY

 Address:
 5305 LENOIR CT
 Address:
 5305 LENOIR CT

 City-St-Zip:
 PLANT CITY, FL 33565
 City-St-Zip:
 PLANT CITY, FL 33566

Title: D () Delete Title: D (X) Change () Addition

 Name:
 MATTHEWS, GEORGE
 Name:
 MATHEW, GEORGE

 Address:
 5306 LENOIR CT
 Address:
 5306 LENOIR CT

 City-St-Zip:
 PLANT CITY, FL 33565
 City-St-Zip:
 PLANT CITY, FL 33566

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GEORGE MATHEW D 04/09/2003