

# 2000 UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT # N97000006404**

1. Entity Name

**SHAKETT ISLAND HOMEOWNERS ASSOCIATION, INC.**

**FILED**  
**Feb 29, 2000 8:00 am**  
**Secretary of State**

02-29-2000 90127 044 \*\*\*\*61.25

Principal Place of Business

Mailing Address

200 CAPRI ISLES BLVD.  
 VENICE FL 34292

PO BOX  
 LAUREL FL 34272

2. Principal Place of Business

3. Mailing Address

*PO BOX 297*

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State  
*LAUREL FL*

4. FEI Number

**65-0794345**

Applied For

Not Applicable

Zip

Country

Zip

*34272*

Country

5. Certificate of Status Desired

**\$8.75** Additional  
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**PETERSON, DAVID E**  
 200 CAPRI ISLES BLVD.  
 VENICE FL 34292

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**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	PD	<input type="checkbox"/> Delete
NAME	PETERSON, DAVID E	
STREET ADDRESS	200 CAPRI ISLES BLV	
CITY-ST-ZIP	VENICE FL 34292	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	PETERSON, DAVID C	
STREET ADDRESS	200 CAPRI ISLES BLV	
CITY-ST-ZIP	VENICE FL 34292	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	HICKEY, JOANNE	
STREET ADDRESS	200 CAPRI ISLES BLVD	
CITY-ST-ZIP	VENICE FL 34292	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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CITY-ST-ZIP		

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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:** *David E. Peterson* **DAVID E. PETERSON**

*2/6/00*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)