

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000006404

1. Entity Name

SHAKETT ISLAND HOMEOWNERS ASSOCIATION, INC.

FILED

Feb 19, 2001 8:00 am
Secretary of State

02-19-2001 90263 021 ****61.25

Principal Place of Business

200 CAPRI ISLES BLVD.
VENICE FL 34292

Mailing Address

PO BOX 297
LAUREL FL 34272

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

858 HILLCREST DR

City & State
NOKOMIS, FL

City & State

Zip
34275

Country

Zip

Country

4. FEI Number 65-0794345

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

7. Name and Address of New Registered Agent

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

Name

DAVID PETERSON
Street Address (P.O. Box Number is Not Acceptable)
858 HILLCREST DR

City

NOKOMIS

FL

Zip Code

34275

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

David E. Peterson

DAVID E. PETERSON

2/15/01

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
NAME PETERSON, DAVID E
STREET ADDRESS 200 CAPRI ISLES BLV
CITY-ST-ZIP VENICE FL 34292 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE VPD
NAME PETERSON, DAVID C
STREET ADDRESS 200 CAPRI ISLES BLV
CITY-ST-ZIP VENICE FL 34292 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE VPD
NAME HICKEY, JOANNE
STREET ADDRESS 200 CAPRI ISLES BLVD
CITY-ST-ZIP VENICE FL 34292 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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 Required

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)