

2002 UNIFORM BUSINESS REPORT (UBR)

FILED

Mar 29, 2002 8:00 am
Secretary of State

03-29-2002 91387 044 ****61.25

DOCUMENT # N97000006404

1. Entity Name

SHAKETT ISLAND HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

858 HILLCREST DR
NOKOMIS FL 34275

PO BOX 297
LAUREL FL 34272

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

65-0794345

Applied For

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

PETERSON, DAVID E
858 HILLCREST DR.
NOKOMIS FL 34275

Name

Suzanne Mattera

Street Address (P.O. Box Number is Not Acceptable)

457 Hillcrest Drive

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

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

TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Thaddeus Novak	
STREET ADDRESS	449 Hillcrest Drive	
CITY-ST-ZIP	Nokomis FL 34275	
TITLE	Vice President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JL Dunn	
STREET ADDRESS	473 Hillcrest Drive	
CITY-ST-ZIP	Nokomis, FL 34275	
TITLE	Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Suzanne Mattera	
STREET ADDRESS	453 Hillcrest Drive	
CITY-ST-ZIP	Nokomis, FL 34275	
TITLE	Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Lisa Callaghan	
STREET ADDRESS	477 Hillcrest Drive	
CITY-ST-ZIP	Nokomis, FL 34275	
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

SUZANNE MATERA 3/12/02 941-688-0156

CR2E037 (9/01)