

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 06, 2003 8:00 am
Secretary of State

02-06-2003 90112 037 ****61.25

DOCUMENT # N97000006404
1. Entity Name
SHAKETT ISLAND HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business Mailing Address
858 HILLCREST DR **PO BOX 297**
NOKOMIS FL 34275 **LAUREL FL 34272**



CHECK HERE IF MAKING CHANGES

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
MATTERA, SUZANNE
857 HILLCREST DRIVE
NOKOMIS FL 34275

7. Name and Address of New Registered Agent
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. I am familiar with, and accept the obligations of registered agent.
SIGNATURE: *Suzanne Mattera* **SUZANNE MATTERA** **2-403**
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 **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	NOVAK, THADDEUS	
STREET ADDRESS	849 HILLCREST DRIVE	
CITY-ST-ZIP	NOKOMIS FL 34275	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	DUNN, J L	
STREET ADDRESS	873 HILLCREST DRIVE	
CITY-ST-ZIP	NOKOMIS FL 34275	
TITLE	TD	<input type="checkbox"/> Delete
NAME	MATTERA, SUZANNE	
STREET ADDRESS	853 HILLCREST DRIVE	
CITY-ST-ZIP	NOKOMIS FL 34275	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	CULLAGHAN, LISA	
STREET ADDRESS	877 HILLCREST DRIVE	
CITY-ST-ZIP	NOKOMIS FL 34275	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NOVAK, THADDEUS	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CHRIS LITZ	
STREET ADDRESS	890 Hillcrest Drive	
CITY-ST-ZIP	Nokomis FL 34275	
TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Mattera, Suzanne	
STREET ADDRESS		
CITY-ST-ZIP		
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: *Suzanne Mattera* **01-06-03** **941-483-4207**
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (10/02)