

2000 UNIFORM BUSINESS REPORT (UBR)

2/22/00-90050-038-\$61.25-\$61.25

DOCUMENT # N98000002364

1. Entity Name

SHADOW OAKS ESTATES PROPERTY OWNERS' ASSOCIATION

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 MAR 20 PM 2:27

Principal Place of Business 2033 MAIN STREET #101 SARASOTA FL 34237	Mailing Address 2033 MAIN STREET #101 SARASOTA FL 34237-6049
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc. # 600	3. Mailing Address Suite, Apt. #, etc. # 600
City & State	City & State

4. FEI Number 65-0833527	Applied For <input type="checkbox"/> Not Applicable
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Zip	Country	Zip	Country
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

PFLUGNER, J G
2033 MAIN STREET #101 #600
SARASOTA FL 34237

7. Name and Address of New Registered Agent

Name: MARIO L. COMPARETTO
Street Address (P.O. Box Number is Not Acceptable): 1500 ROYAL PALM BLVD, A-8
City: SARASOTA FL 34234

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: Mario L. Comparetto MARIO L. Comparetto 2/14/00
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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CASSATA, FRANK C/O 200 WEST MAIN STREET BABYLON NY 11702 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD COMPARETTO, MARIO 4647 STONERIDGE TRAIL SARASOTA FL 34232 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ROSENBERG, HAROLD R 110 WHISPERING OAKS COURT SARASOTA FL 34232 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP PFLUGNER, J. GEOFFREY 2033 MAIN STREET, SUITE 101 SARASOTA FL 34237 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Mario L. Comparetto MARIO L. Comparetto 2/14/00 941-359-1800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)