2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 12, 2002 8:00 AM
Secretary of State

DOCUMENT# N98000002364

Entity Name: SHADOW OAKS ESTATES PROPERTY OWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

1800 NORTHGATE BLVD
A-8
SARASOTA, FL 34234

New Principal Place of Business:

SHADOW OAKS ESTATES
SARASOTA, FL 34234

Current Mailing Address:

1800 NORTHGATE BLVD
A-8
SARASOTA, FL 34234

New Mailing Address:

6732 DUCK POND LA
SARASOTA, FL 34240

FEI Number: 65-0833527 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WALTERS, JOEL W
1515 RINGLING BLVD - STE 900
SARASOTA, FL 34236 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: VP ( ) Delete
Name: PFLUGNER, J. GEOFFREY
Address: 2033 MAIN STREET, SUITE 101
City-St-Zip: SARASOTA, FL 34237

Title: VD ( ) Delete
Name: ROSENBERG, HAROLD R
Address: 110 WHISPERING OAKS COURT
City-St-Zip: SARASOTA, FL 34232

Title: STD ( ) Delete
Name: COMPARETTO, MARIO
Address: 4647 STONERIDGE TRAIL
City-St-Zip: SARASOTA, FL 34232

Title: PD ( ) Delete
Name: CASSATA, FRANK
Address: C/O 200 WEST MAIN STREET
City-St-Zip: BABYLON, NY 11702

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: STD (X) Change ( ) Addition
Name: LANE, DAVID
Address: 6688 DUCK POND LANE
City-St-Zip: SARASOTA, FL 34240

Title: STD (X) Change ( ) Addition
Name: NOLLER, LURETTA
Address: 6731 DUCK POND LANE
City-St-Zip: SARASOTA, FL 34240

Title: TRES (X) Change ( ) Addition
Name: ANTOVEL, ROBERT L
Address: 6732 DUCK POND LANE
City-St-Zip: SARASOTA, FL 34240

Title: PD (X) Change ( ) Addition
Name: BOHLMAN, MARK D
Address: 6733 WILLOW POND LANE
City-St-Zip: SARASOTA, FL 34240

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT ANTOVEL TRES 01/12/2002

Electronic Signature of Signing Officer or Director — Date