

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

FILED
Jan 21, 2003 8:00 am
Secretary of State

01-21-2003 90523 007 ****61.25

DOCUMENT # N99000002869

1. Entity Name

SHADOW OAKS II PROPERTY OWNERS' ASSOCIATION, INC



Principal Place of Business

**3131 SHADOW OAKS DR
HOLIDAY FL 34690
US**

Mailing Address

**3131 SHADOW OAKS DR
HOLIDAY FL 34690
US**

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 **59-3592238**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**CLOUSER, LYNN MR
3131 SHADOW OAKS DRIVE
HOLIDAY FL 34690**

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

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
NAME **CLOUSER, LYNN MR**
STREET ADDRESS **3131 SHADOW OAKS DRIVE**
CITY-ST-ZIP **HOLIDAY FL 34690**

TITLE **VP** ☐ Delete
NAME **CLARK, ANN**
STREET ADDRESS **5749 LENMAR CT**
CITY-ST-ZIP **HOLIDAY FL 34690**

TITLE **ST** ☐ Delete
NAME **PHILLIPS, CARRIE**
STREET ADDRESS **5834 LENMAR CT**
CITY-ST-ZIP **HOLIDAY FL 34690**

TITLE **D** ☐ Delete
NAME **RUPP, LISA**
STREET ADDRESS **5748 LENMAR CT**
CITY-ST-ZIP **HOLIDAY FL 34690**

TITLE **D** ☐ Delete
NAME **VAN METER, PEG**
STREET ADDRESS **5820 LENMAR CT**
CITY-ST-ZIP **HOLIDAY FL 34690**

TITLE **D** ☐ Delete
NAME **KRISTON, GEORGE**
STREET ADDRESS **3123 SHADOW OAKS DRIVE**
CITY-ST-ZIP **HOLIDAY FL 34690**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Change ☐ 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 REQUIRED

LYNN CLOUSER

JAN. 17 2003 727-938-9862

CR2E037 (10/02)