

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

FILED
Apr 14, 2003 8:00 am
Secretary of State

04-14-2003 90209 042 *****61.25

DOCUMENT # N99000003113

1. Entity Name

THE VILLAGES OF NORTH REDINGTON BEACH - THE SHOALS HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business

139 SHOALS CIRCLE
N. REDINGTON BEACH FL 33708

Mailing Address

139 SHOALS CIRCLE
N. REDINGTON BEACH FL 33708

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number: **59-3577771**

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

FRAYD, MICHAEL DR
135 SHOALS CIRCLE
NORTH RIDINGTON BEACH FL 33708

Froyd

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

4-9-03

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 NAME	PD FROYD, MICHAEL	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	135 SHOALS CIRCLE	
CITY-ST-ZIP	N. REDINGTON BEACH FL 33708	
TITLE NAME	VD POTTERBIN, JILL	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	101 SHOALS CIRCLE	
CITY-ST-ZIP	N. REDINGTON BEACH FL 33708	
TITLE NAME	STD SINCLAIR, MONICA	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	115 SHOALS CIRCLE	
CITY-ST-ZIP	N. REDINGTON BEACH FL 33708	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME	PTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	same	
CITY-ST-ZIP		
TITLE NAME	VD Gayle Vinyard	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	105 Shoals Circle	
CITY-ST-ZIP	N. Redington Bch FL 33708	
TITLE NAME	SD Jill Potterbin	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	101 Shoals Circle	
CITY-ST-ZIP	N. Redington Bch FL 33708	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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]

4-9-03 727-393-9611

CR2E037 (10/02)