

# 2002 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 10, 2002 8:00 am  
Secretary of State

02-10-2002 90028 034 \*\*\*\*61.25

DOCUMENT # N29675

1. Entity Name

SHADY WOOD PROPERTY OWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

3630 SE 25TH AVE  
OCALA FL 34471

3630 SE 25TH AVE  
OCALA FL 34471

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

59-2902200

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FUCHS, JAMES M  
3630 SE 25TH AVE  
OCALA FL 34471

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.

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  
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Delete  
NAME FUCHS, JAMES M  
STREET ADDRESS 3630 SE 25TH AVE  
CITY-ST-ZIP Ocala FL 34471

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

TITLE SD ☒ Delete  
NAME FUCHS, SHANNON L  
STREET ADDRESS 3630 SE 25TH AVE  
CITY-ST-ZIP Ocala FL 34471

TITLE ☐ Change ☐ Addition  
NAME Secretary  
STREET ADDRESS Donna Mendonca  
CITY-ST-ZIP 3311 S.E. 26th Ct.  
Ocala, FL 34471

TITLE TD ☒ Delete  
NAME DIXON, BETTY  
STREET ADDRESS 2418 SE 35TH STREET  
CITY-ST-ZIP Ocala FL 34471

TITLE ☐ Change ☐ Addition  
NAME Treasurer  
STREET ADDRESS Phil Trovillo  
CITY-ST-ZIP 3550 S.E. 25th Av.  
Ocala, Fla. 34471

TITLE VPD ☐ Delete  
NAME SCHAETZL, ROBERT J  
STREET ADDRESS 2439 SE 25 ST  
CITY-ST-ZIP Ocala FL 34471

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
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:

Phil Trovillo, Officer, 1/22/02 352-368-6715

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)