

FILED
Apr 02, 2002 8:00 am
Secretary of State

04-02-2002 90970 046 ***150.00

**FOR PROFIT CORPORATION
 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # N01000001601
 1. Entity Name
 SHADDOCK ESTATES HOME OWNERS ASSOCIATION, INC.

DO NOT WRITE IN THIS SPACE

B0057405

2. Principal Place of Business
 304 E. Park Street
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
 Auburndale, FL

4. FEI Number
 59-3707354
 Applied For
 Not Applicable

Zip
 33823

Country
 Polk

Zip

Country

5. Certificate of Status Desired **\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent
 Name
 BARRY W. BENNETT
 Street Address (P.O. Box Number is Not Acceptable)
 60 Second Street, S.E.
 City Winter Haven FL Zip Code 33880

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 _____ (NOTE: Registered Agent signature required when reappointing)
 DATE _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

**January 1 - May 1 Fee is \$150.00
 After May 1, Fee is \$550.00
 Amended UBR is \$61.25
 Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS			
TITLE	DP	TITLE	
NAME	Faulks, Dean	NAME	
STREET ADDRESS	760 W 101 ST STE 218	STREET ADDRESS	
CITY-ST-ZIP	Bloomington MN 55438	CITY-ST-ZIP	
TITLE	DS	TITLE	
NAME	Williams, Judy L.	NAME	
STREET ADDRESS	902 Flag Court	STREET ADDRESS	
CITY-ST-ZIP	Auburndale, FL 33823	CITY-ST-ZIP	
TITLE	DV	TITLE	
NAME	Kindred, Charles H.	NAME	
STREET ADDRESS	143 Harbor Way	STREET ADDRESS	
CITY-ST-ZIP	Auburndale, FL 33823	CITY-ST-ZIP	
TITLE	DT	TITLE	
NAME	MYERS, Jack	NAME	
STREET ADDRESS	304 E. Park Street	STREET ADDRESS	
CITY-ST-ZIP	Auburndale, FL 33823	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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 607, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address, with all other like empowered.
 SIGNATURE: Dean Faulks (Dean Faulks) 3-25-02 863/299-0079
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Telephone #

CR2E034B (12/01)