

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 13, 2002 8:00 am
Secretary of State

05-13-2002 90041 006 ****61.25

DOCUMENT # N16436

1. Entity Name

SHORELINE TERRACES I ASSOCIATION, INC.

Principal Place of Business

Mailing Address

**HARMONY MANAGEMENT
 4400 EL CONQUISTADOR PKWY #15
 BRADENTON FL 34210
 US**

**HARMONY MANAGEMENT
 P.O. BOX 10067
 BRADENTON FL 34282**

2. Principal Place of Business

3. Mailing Address

4400 El Conquistador

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Bradenton FL

Zip

Country

Zip

Country

34210 US

4. FEI Number

59-2823633

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

**HAGERTY, JOHN
 4400 EL CONQUISTADOR PKWY
 #15
 BRADENTON FL 34210**

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 **SWIGART, SANDRA M.**
 STREET ADDRESS **818 AUDUBON DRIVE**
 CITY-ST-ZIP **BRADENTON FL 34209**

TITLE **PD** ☐ Change ☒ Addition
 NAME **Charles Beasman**
 STREET ADDRESS **3248 Green meadow Dr**
 CITY-ST-ZIP **Bethlehem PA 18017**

TITLE **VD** ☐ Delete
 NAME **EBEL, MARJORIE**
 STREET ADDRESS **801 AUDUBON DR**
 CITY-ST-ZIP **BRADENTON FL 34209**

TITLE **SD** ☐ Change ☒ Addition
 NAME **Carolyn Templeton**
 STREET ADDRESS **155 Willoughby Ave**
 CITY-ST-ZIP **Huntington WV 25705**

TITLE **SDT** ☒ Delete
 NAME **MCSPARRAN, DON**
 STREET ADDRESS **819 AUDUBON DR**
 CITY-ST-ZIP **BRADENTON FL 34209**

TITLE **SD** ☐ Change ☒ Addition
 NAME **Nadine mayer**
 STREET ADDRESS **806 Audubon Dr**
 CITY-ST-ZIP **Bradenton FL 34209**

TITLE **TD** ☐ Delete
 NAME **METCALF, GARY**
 STREET ADDRESS **815 AUDUBON**
 CITY-ST-ZIP **BRADENTON FL 34209**

TITLE ☒ Change ☐ Addition
 NAME **12424 LONG**
 STREET ADDRESS **OVERLAND PARK, KS 66213**
 CITY-ST-ZIP

TITLE **D** ☒ Delete
 NAME **LIDDEL, DAVID**
 STREET ADDRESS **810 AUDUBON**
 CITY-ST-ZIP **BRADENTON FL 34209**

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:

Charles Beasman
 SIGNATURE REQUIRED

4/17/02 981 758 629

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)