

FILED
Feb 20, 2003 8:00 am
Secretary of State

02-06-2003 90088 040 ****61.25

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

DOCUMENT # N99000003088

1. Entity Name

SHEPHERD OAKS HOMEOWNERS' ASSOCIATION, INC.



Principal Place of Business

4110 S FLORIDA
STE 200
LAKELAND FL 33813

Mailing Address

4110 S FLORIDA
STE 200
LAKELAND FL 33813

2. Principal Place of Business

P.O. Box 6371

3. Mailing Address

P.O. Box 6371

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Lakeland, FL

City & State

Lakeland, FL

Zip

33807

Country

USA

Zip

33807

Country

USA

4. FEI Number 65-0968836

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ADAMS, ROBERT J
4110 S FLORIDA AVE
SUITE 200
LAKELAND FL 33813

7. Name and Address of New Registered Agent

Name Claudia Daniel

Street Address (P.O. Box Number is Not Acceptable)

6966 Shepherd Oaks Rd

City Lakeland

FL

Zip Code 33311

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 fee if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Robert J Adams

1/24/03

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	DP	☒ Delete
NAME	MILLER, JERRY D	
STREET ADDRESS	3900 S. FLA. AVE	
CITY-ST-ZIP	LAKELAND FL 33813	
TITLE	DST	☒ Delete
NAME	ADAMS, D. JOEL	
STREET ADDRESS	4110 S FLORIDA AVE SUITE 200	
CITY-ST-ZIP	LAKELAND FL 33813	
TITLE	DP	☒ Delete
NAME	ADAMS, ROBERT J	
STREET ADDRESS	4110 S FLORIDA AVE SUITE 200	
CITY-ST-ZIP	LAKELAND FL 33813	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	President	☐ Change ☒ Addition
NAME	Claudia Daniel	
STREET ADDRESS	6966 Shepherd Oaks Rd	
CITY-ST-ZIP	Lakeland FL 33311	
TITLE	Vice President	☐ Change ☒ Addition
NAME	B. H. Huth	
STREET ADDRESS	6756 Shepherd Oaks Rd	
CITY-ST-ZIP	Lakeland, FL 33311	
TITLE	Sec Treas	☐ Change ☒ Addition
NAME	Tulia Rosanblom	
STREET ADDRESS	6966 Shepherd Oaks Rd	
CITY-ST-ZIP	Lakeland FL 33311	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Claudia Daniel

1-29-03

863-729-7122

Date

Daytime Phone #

CR2E037 (10/02)