

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

FILED
Apr 15, 2003 8:00 am
Secretary of State

04-15-2003 90118 010 *****61.25

DOCUMENT # N16436

1. Entity Name

SHORELINE TERRACES I ASSOCIATION, INC.



Principal Place of Business

HARMONY MANAGEMENT
4400 EL CONQUISTADOR PKWY #1
BRADENTON FL 34210
US

Mailing Address

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.

Ste 1

City & State

Bradenton FL

Zip

Country

Zip

Country

34210

USA



☐ CHECK HERE IF MAKING CHANGES

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
#13
BRADENTON FL 34210

Name

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

Ste 1

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	BEASMAN, CHARLES	
STREET ADDRESS	3248 GREENMEADOW DR	
CITY-ST-ZIP	BETHLEHEM PA 18017	
TITLE	VD	<input type="checkbox"/> Delete
NAME	EBEL, MARJORIE	
STREET ADDRESS	801 AUDUBON DR	
CITY-ST-ZIP	BRADENTON FL 34209	
TITLE	SD	<input type="checkbox"/> Delete
NAME	MEYER, NADINE	
STREET ADDRESS	806 AUBORN DR	
CITY-ST-ZIP	BRADENTON FL 34209	
TITLE	TD	<input type="checkbox"/> Delete
NAME	METCALF, GARY	
STREET ADDRESS	815 AUDUBON	
CITY-ST-ZIP	BRADENTON FL 34209	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	TEMPLETON, CAROLYN	
STREET ADDRESS	155 WILLOUGHBY AVE	
CITY-ST-ZIP	HUNTINGTON WV 25705	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BEASMAN, CHARLES	
STREET ADDRESS	5118 VALLEYSTREAM LANE	
CITY-ST-ZIP	MACUNGIE, PA. 18062	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAYER, Nadine	
STREET ADDRESS	806 Audubon Dr	
CITY-ST-ZIP	Bradenton FL 34209	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	METCALF, GARY	
STREET ADDRESS	12424 LONG	
CITY-ST-ZIP	OVERLAND PARK, KS 66213	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PRATT Glenn	
STREET ADDRESS	807 Audubon Dr	
CITY-ST-ZIP	Bradenton FL 34209	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 REQUIRED

4-20-03

CR2E037 (10/02)