

2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000008781

Entity Name: SHADY REST FOUNDATION, INC.**Current Principal Place of Business:**6200 WHISKEY CREEK DR
FORT MYERS, FL 33919**Current Mailing Address:**6200 WHISKEY CREEK DR
FORT MYERS, FL 33919 US**FEI Number:** 30-0274280**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**DUNCAN, GORDON R
1601 JACKSON ST
#101
FT MYERS, FL 33901 US*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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	PC
Name	MURRAY, ROBERT L
Address	6200 WHISKEY CREEK DR
City-State-Zip:	FORT MYERS FL 33919

Title	T
Name	CARLSON, SHEILA
Address	6200 WHISKEY CREEK DR
City-State-Zip:	FORT MYERS FL 33919

Title	D, SECRETARY
Name	VANDUIJN, ARIE J.
Address	6200 WHISKEY CREEK DR
City-State-Zip:	FORT MYERS FL 33919

Title	VC
Name	STECHER, JO
Address	6200 WHISKEY CREEK DR
City-State-Zip:	FORT MYERS FL 33919

Title	DIRECTOR
Name	TAMBLYN, JAMES
Address	4100 CENTER POINT DR 112
City-State-Zip:	FORT MYERS FL 33916

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: ROBERT MURRAY

PRESIDENT

04/04/2022

Electronic Signature of Signing Officer/Director Detail_____
Date