

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000003721

Entity Name: SHADY REST CARE PAVILION, INC.**Current Principal Place of Business:**4100 CENTER POINT DR
112
FT. MYERS, FL 33916**Current Mailing Address:**4100 CENTER POINT DR
112
FT. MYERS, FL 33916 US**FEI Number:** 65-0850574**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**EDWARDS, WESTON R
4100 CENTER POINT DR
112
FT. MYERS, FL 33916 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 PRESIDENT
Name EDWARDS, WESTON R
Address 4100 CENTER POINT DR
 112
City-State-Zip: FT. MYERS FL 33916

Title CHAIRMAN
Name MURRAY, ROBERT L
Address 4100 CENTER POINT DR
 112
City-State-Zip: FT. MYERS FL 33916

Title TREASURER
Name CARLSON, SHEILA
Address 4100 CENTER POINT DR
 112
City-State-Zip: FT. MYERS FL 33916

Title DIRECTOR
Name VAN DUIJN, ARIE J.
Address 4100 CENTER POINT DR
 112
City-State-Zip: FT. MYERS FL 33916

Title VC
Name STECHER, JO
Address 4100 CENTER POINT DR
 112
City-State-Zip: FT. MYERS FL 33916

Title SECRETARY
Name WHARTON, SANDRA
Address 4100 CENTER POINT DR
 112
City-State-Zip: FT. 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: WESTON R EDWARDS

PRESIDENT

06/30/2020

Electronic Signature of Signing Officer/Director Detail_____
Date