

2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

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FILED
Jan 22, 2018
Secretary of State
CC5956688672

Entity Name: SHADY REST CARE PAVILION, INC.

Current Principal Place of Business:

2310 NORTH AIRPORT RD.
FT. MYERS, FL 33907

Current Mailing Address:

2310 NORTH AIRPORT RD.
FT. MYERS, FL 33907

FEI Number: 65-0850574

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

EDWARDS, WESTON R
2310 NORTH AIRPORT RD
FT. MYERS, FL 33907 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 2310 NORTH AIRPORT ROAD
City-State-Zip: FORT MYERS FL 33907

Title CHAIRMAN
Name MURRAY, ROBERT L
Address 2310 NORTH AIRPORT RD.
City-State-Zip: FT. MYERS FL 33907

Title VC
Name MCCURDY, ROBERT C
Address 2310 NORTH AIRPORT RD.
City-State-Zip: FT. MYERS FL 33907

Title TREASURER
Name CARLSON, SHEILA
Address 2310 NORTH AIRPORT RD.
City-State-Zip: FT. MYERS FL 33907

Title DIRECTOR
Name VAN DUJIN, ARIE J.
Address 2310 NORTH AIRPORT RD.
City-State-Zip: FT. MYERS FL 33907

Title DIRECTOR
Name STECHEER, JO
Address 2310 NORTH AIRPORT RD.
City-State-Zip: FT. MYERS FL 33907

Title SECRETARY
Name WHARTON, SANDRA
Address 2310 NORTH AIRPORT RD.
City-State-Zip: FT. MYERS FL 33907

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 EDWARDS

PRESIDENT

01/22/2018

Electronic Signature of Signing Officer/Director Detail

Date