

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000003721

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 DUIJN, ARIE J.
Address 2310 NORTH AIRPORT RD.
City-State-Zip: FT. MYERS FL 33907

Title DIRECTOR
Name STECHER, 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

02/08/2019

Electronic Signature of Signing Officer/Director Detail_____
Date