

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # 733738**

1. Entity Name

SHADOW BROOK PROPERTY OWNERS' ASSOCIATION, INC.

Principal Place of Business

**5845 34TH STREET
VERO BCH FL 32966**

Mailing Address

**5845 34TH STREET
VERO BCH FL 32966**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1650683

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

**EDWARD R. KOFKE
5845 34TH ST.
VERO BEACH FL 32966**

Name

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

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.

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 \$61.259. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00 May Be
Added to Fees****Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	HATALDA, CONNIE	
STREET ADDRESS	5865 34TH LANE	
CITY-ST-ZIP	VERO BEACH FL 32966	
TITLE	V	<input type="checkbox"/> Delete
NAME	TODD, MARY J	
STREET ADDRESS	3426 SHADOWBANK LANE	
CITY-ST-ZIP	VERO BEACH FL 32966	
TITLE	TD	<input type="checkbox"/> Delete
NAME	KOFKE, ED	
STREET ADDRESS	5845 34 ST	
CITY-ST-ZIP	VERO BEACH FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	WEBER, MARIAN	
STREET ADDRESS	5870 34 LANE	
CITY-ST-ZIP	VERO BCH, FL 00000	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	YOUNG, TOM	
STREET ADDRESS	5885 34TH LANE	
CITY-ST-ZIP	VERO BEACH FL 32966	
TITLE	D	<input type="checkbox"/> Delete
NAME	THELK, LOU	
STREET ADDRESS	5850 34TH ST	
CITY-ST-ZIP	VERO BEACH FL 32966	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BRANDON GILLILAND	
STREET ADDRESS	5825 34TH ST	
CITY-ST-ZIP	VERO BEACH FL 32966	
TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BARBARA THOREN	
STREET ADDRESS	3425 SHADOWBROOK LANE	
CITY-ST-ZIP	VERO BEACH FL 32966	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

EDWARD R. KOFKE

Date

1-17-02 561-567-4490

Daytime Phone #

CR2E037 (9/01)

0070815

FILED
Feb 04, 2002 8:00 am
Secretary of State

02-04-2002 90009 011 ****61.25



DO NOT WRITE IN THIS SPACE