## 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## **DOCUMENT # 733738**

1. Entity Name

## SHADOW BROOK PROPERTY OWNERS' ASSOCIATION, INC.



## FILED Jan 10, 2003 8:00 am Secretary of State

01-10-2003 90020 022 \*\*\*\*61.25

: 						WE TO					
ľ	ace of Business			ailing Address			_	;1.º 1 8/61;20	# CENT		
VERO BCH FL 32966				5845 34TH STREET VERO_BCH FL 32966			P0004\28				
				_				 IIAA 11911 Yaasa oo ah 1891 Ara	II DIBI) BIDII BIBII BI	Ari Areni Iban	
Principal Place of Business     3.				. Mailing Address							
Suite, Ap	t. #, etc.	Su	Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES				
City & Sta	ate	Cir	ty & State			4. FEI Number <b>59-1650683</b>			pplied For	$\neg$	
Zip	· · · · · ·	Zip Cou			tr.					Not Applicable  3.75 Additional	
Zip Country						ur y	Fee F				
6. Name and Address of Current Registered Agent							7. Name and Add	ress of New Registe	red Agent		╛
CDWADE	D KOEKE					Name					
EDWARD R. KOFKE 5845 34TH ST.					Street Address (P.			Not Acceptable)			1
	EACH FL 32960								<u></u>	-	$\dashv$
					}	City	<del></del>		FL Zip Cod	de	$\dashv$
8 The above	e named entity sub	mite this statement	for the purp	one of changing its		1 -60			┌┗╶		╛
the obliga	ations of registered	agent.	ioi the purp	ose or crianging its	registered	i office or registe	ered agent, or both, in	the State of Florida. I	am familiar with	, and accept	Ì
•											1
SIGNATURE							·····		***		
·	Signature, typed or prin	ted name of registered age	nt and title if app	licable. (NOT	E: Registered A	Agent signature require	ed when reinstating)	DA	Œ		ļ
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	FILE NOW: FE	E IS \$61.25		<ol><li>9. Election Car Trust Fund C</li></ol>		~ —	\$5.00 May Be Added to Fees		eck Payable partment of		
							7,0000 10 1 500	rionua bej	January Or a	State	
10.	P	OFFICERS AND D	IRECTORS		11.		ADDITIONS/CHANG	ES TO OFFICERS AND	DIRECTORS IN	V 10	1
TITLE NAME	BRANDON, GIL	LII ANO		Delete	TITLE				☐ Change	☐ Addition	9
STREET ADDRESS					NAME STREET	ADDRESS					1
CITY-ST-ZIP	VERO BEACH				CITY-S						100
TITLE	V			☐ Delete	TITLE			<del></del>	☐ Change	Addition	18
NAME	TODD, MARY J				NAME						1
STREET ADDRESS CITY-ST-ZIP	3426 SHADOW VERO BEACH I				STREET CITY-ST	ADDRESS .	•				
TITLE	TD	L 32300		☐ Delete	<b>—</b> —	1* ZIF					-
NAME	KOFKE, ED			□ Derete	TITLE				☐ Change	Addition	
STREET ADDRESS	5845 34 ST					ADDRESS					
CITY-ST-ZIP	VERO BEACH I	<u>.                                    </u>			CITY-ST	-ZIP					
TITLE NAME '	SD Weber, Maria	A.I		☐ Delete	TITLE				☐ Change	☐ Addition	
STREET ADDRESS	5870 34 LANE	14			NAME	ADDRESS					
CITY-ST-ZIP	VERO BCH, FL	00000			CITY-ST						
TITLE	D			☐ Delete	TITLE			<del></del>	☐ Change	☐ Addition	1
NAME	THELK, LOU	•			NAME				□ change	□ Notition	
-STREET-ADDRESS-	5850-34TH-ST-	7 00000	······································		- STREET /			· · · · · · · · · · · · · · · · · · ·			-
CITY-ST-ZIP	VERO BEACH F	·L 32966			CITY-ST	-ZIP		•••			
TITLE NAME				Delete	TITLE				Change	☐ Addition	1:
STREET ADDRESS				. 4	NAME Street A	ADDRESS					
CITY-ST-ZIP			_	** -	CITY-ST	1					
12. I hereby of indicated	certify that the infor	mation supplied wit	h this filing o	loes not qualify for courate and that m	the exemp	tion stated in Se shall have the s	ection 119.07(3)(i), Flo same legal effect as if	rida Statutes. I further made under oath; tha	certify that the in	formation	

12. Thereby 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 prostee 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 impowered.

SIGNATURE:

Windle 18 StrausEnward R. KOFKE 1-7-03 772 S67-449