

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 11, 2002 8:00 am**  
**Secretary of State**

04-11-2002 90016 027 \*\*\*\*61.25

0028395

**DOCUMENT # 735142**

1. Entity Name

**SHADY BANKS CIVIC ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

1700 S.W. 14 CT.  
 FORT LAUDERDALE FL 33312

1700 S.W. 14 CT.  
 FORT LAUDERDALE FL 33312

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 **65-0056916**

Applied For  
 Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional  
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**KAMMERER, DANIEL**  
**1820 SW 14TH CT.**  
**FORT LAUD FL 33312**

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 **DANIEL KAMMERER**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**4-1-02**

DATE

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing  
 Trust Fund Contribution.

**\$5.00** May Be  
 Added to Fees

**Make Check Payable to  
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD**  Delete  
 NAME **TURRELL, BRUCE**  
 STREET ADDRESS **1451 SW 18TH TERR**  
 CITY-ST-ZIP **FORT. LAUD FL 33312**

TITLE **PD**  Change  Addition  
 NAME **HAGER TIM**  
 STREET ADDRESS **1736 SW 14th ST**  
 CITY-ST-ZIP **FORT LAUD. FL 33312**

TITLE **VD**  Delete  
 NAME **HAGER, TIM**  
 STREET ADDRESS **1736 SW 14TH ST**  
 CITY-ST-ZIP **FORT LAUDERDALE FL 33312**

TITLE **VD**  Change  Addition  
 NAME **CLAUCE DAVID**  
 STREET ADDRESS **1466 SW 18th TERR**  
 CITY-ST-ZIP **FORT LAUD. FL 33312**

TITLE **SDD**  Delete  
 NAME **RICHARDS, DENISE**  
 STREET ADDRESS **1505 SW 14TH CT**  
 CITY-ST-ZIP **FORT LAUDERDALE FL 33312**

TITLE **SDD**  Change  Addition  
 NAME **HUHN MITZI**  
 STREET ADDRESS **1813 SW 14th ST**  
 CITY-ST-ZIP **FORT LAUD. FL 33312**

TITLE **TD**  Delete  
 NAME **KAMMERER, DANIEL**  
 STREET ADDRESS **1820 SW 14TH CT**  
 CITY-ST-ZIP **FORT LAUDERDALE FL 33312**

TITLE **TD**  Change  Addition  
 NAME **KAMMERER DANIEL**  
 STREET ADDRESS **1820 SW 14th COURT**  
 CITY-ST-ZIP **FORT LAUD. FL 33312**

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  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: **DANIEL KAMMERER**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**4-1-02 954-523-7538**

CR2E037 (9/01)