

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 15, 2000 8:00 am**  
**Secretary of State**

02-15-2000 90061 034 \*\*\*\*61.25

**DOCUMENT # 736753**

1. Entity Name

**SHADOW BROOK CONDOMINIUM OWNER'S ASSOCIATION, IN**

Principal Place of Business 6710 ELLENTON-GILLETTE RD. PALMETTO FL 34220 US	Mailing Address P.O. 126 PALMETTO FL 34220-0126 US
--	---



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc. City & State Zip	3. Mailing Address Suite, Apt. #, etc. City & State Zip
--	--

4. FEI Number <b>59-1947686</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

**FREEDOM MANAGEMENT SERVICES INC**  
**1905 MANATEE AVE. W. - 1720 Manatee Ave W.**  
**BRADENTON FL 34205**

**7. Name and Address of New Registered Agent**

Name: **Freedom Properties Inc**  
 Street Address (P.O. Box Numbers Not Acceptable): **1720 Manatee Ave W**  
 City: **Bradenton FL** State: **FL** Zip Code: **34205**

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: **Harry L Bloukes**  
Signature of typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW:**  
**FEES 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	
TITLE: PD NAME: KUNZIE, JOHN STREET ADDRESS: 6710 ELLENTON-GILLETTE RD #10 CITY-ST-ZIP: PALMETTO FL	<input checked="" type="checkbox"/> Delete
TITLE: PO NAME: HOWARD, HORN STREET ADDRESS: 6710 ELLENTON GILLETTE #139 CITY-ST-ZIP: PALMETTO FL	<input checked="" type="checkbox"/> Delete
TITLE: COB NAME: LEBDA, GERRY STREET ADDRESS: 6710 ELLENTON GILLETTE #177 CITY-ST-ZIP: PALMETTO FL 34221	<input checked="" type="checkbox"/> Delete
TITLE: TD NAME: DUNOIS, FRANK STREET ADDRESS: 6710 ELLENTON GILLETTE # 362 CITY-ST-ZIP: PALMETTO FL	<input type="checkbox"/> Delete
TITLE: SD NAME: RAPP, WILLIAM STREET ADDRESS: 6710 ELLENTON-GILLETTE RD #13 CITY-ST-ZIP: PALMETTO FL	<input checked="" type="checkbox"/> Delete
TITLE: AT NAME: TOWNSEND, MARGARET STREET ADDRESS: 6710 ELLENTON GILLETTE #229 CITY-ST-ZIP: PALMETTO FL	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: President NAME: Thurl MANN STREET ADDRESS: 6710 Ellenton-Gillette #368 CITY-ST-ZIP: PALmetto, FL 34221	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: <del>EARL Reynolds Vice Pres</del> NAME: EARL Reynolds STREET ADDRESS: 6710 Ellenton Gillette #385 CITY-ST-ZIP: PALmetto, FL 34221	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: Chairman NAME: Doug Brickert STREET ADDRESS: 6710 Ellenton Gillette #2 CITY-ST-ZIP: PALmetto, FL 34221	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: Corp. Secretary NAME: Myrna Peterson STREET ADDRESS: 6710 Ellenton-Gillette #171 CITY-ST-ZIP: PALmetto, FL 34221	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **WILLIAM RAPP** **1-13-00** **729-1245**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)