2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 31, 2001 8:00 am
Secretary of State
01-31-2001 90065 008 ****61.25

DOCUMENT # 749868

1. Entity Name

SHAKERWOOD ASSOCIATION, INC.

Principal Place of Business	Mailing Address
12765 W. FOREST HILL BLVD SUITE 1302 WELLINGTON FL 33414 US	12765 W. FOREST HILL BLVD. SUITE 1302 WELLINGTON FL 33414 US

U0011293

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
12785 W. FOREST HILL BLVD	12785 W. FOREST HILL BLVD.
Suite, Apt. #, etc.: C	Suite, Apt. #, etc.: C
City & State: WELLINGTON, FL	City & State: WELLINGTON, FL
Zip: 33414 Country: US	Zip: 33414 Country: US

4. FEI Number 59-2543691 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

NELSON, MICHAEL H. PRESIDENT
12765 W. FOREST HILL BLVD
SUITE 1302
WELLINGTON FL 33414

7. Name and Address of New Registered Agent

Name: CAROLYN BROWN
Street Address (P.O. Box Number is Not Acceptable): C/O WELLINGTON MGMT, INC.
12785-C FOREST HILL BLVD.
City: WELLINGTON FL Zip Code: 33414

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: CAROLYN BROWN, PROPERTY MGR. 1/18/01
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25

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 / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE	DV	☐ Delete	PRESIDENT	☒ Change ☐ Addition
NAME	RIGG, MARIE			
STREET ADDRESS	12765 W. FOREST HILL BLVD. #1302			
CITY-ST-ZIP	WELLINGTON FL 33414			
TITLE	PD	☐ Delete	DIRECTOR	☒ Change ☐ Addition
NAME	DONALD MCKAY			
STREET ADDRESS	1648 SHAKOR CIRCLE			
CITY-ST-ZIP	WEST PALM BEACH FL			
TITLE	DTS	☐ Delete	DIRECTOR	☐ Change ☒ Addition
NAME	SNYDER, JEANINE		LOIS HAUSMA	
STREET ADDRESS	12765 W. FOREST HILL BLVD. #1302		10404 PLAZA CENTRO	
CITY-ST-ZIP	WELLINGTON FL 33414		BOCA RATON, FL 33498	
TITLE	D	☐ Delete	DIRECTOR	☐ Change ☒ Addition
NAME	SALAMONE, JAY		DANIELLE GOLDBERG	
STREET ADDRESS	11972 SHAKEWOOD LANE		11982 Shaker Lane	
CITY-ST-ZIP	WEST PALM BEACH FL 33414-5787		WELLINGTON, FL 33414	
TITLE	AS	☐ Delete	DIRECTOR	☐ Change ☒ Addition
NAME	NELSON, MICHAEL		ROY PYTEL	
STREET ADDRESS	12765 W. FOREST HILL BLVD. #1302		6011 Summit Blvd.	
CITY-ST-ZIP	WELLINGTON FL 33414		West Palm Beach, FL 33415	
TITLE	D	☐ Delete		☐ Change ☐ Addition
NAME	RIVERA, VICTORIA			
STREET ADDRESS	1640 SHAKER CIRCLE			
CITY-ST-ZIP	WEST PALM BEACH FL 33414-5791			

CR2E037 (10/00)

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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #