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

04-19-2007 90198 037 ****61.25
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FILED
07 APR 27 AM 11:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 750011

1. Entity Name
Shadow Ridge Homeowner's Association, INC.

DO NOT WRITE IN THIS SPACE

40069738
DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
12904 Kellywood Circle	PO Box 5391
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Hudson, Fl	City & State: Bayonet Point, Fl
Zip: 34669 Country: U.S.	Zip: 34674 Country: U.S.

4. FEI Number: 59-2188335 ☐ Applied For ☐ Not Applicable

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

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7. Name and Address of Current Registered Agent

Name: Cedric P Hay

Street Address (P.O. Box Number is Not Acceptable): 12300 US Hwy 19N

City: Hudson FL Zip Code: 34667

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (A Dissolved Agent signature required when reinstating)

FEE IS $61.25 Initial or Amended UBR	9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees	Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President Bert Keener 12204 Country Cove Ave Hudson, Fl 34669	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Vice President Don Paeplow 12928 Kellywood Circle Hudson, Fl 34669	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	4/30
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Secretary/Treasurer Dayne Cote' 12904 Kellywood Circle Hudson, Fl 34669	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Officer Larry Wise 12919 Kellywood Circle Hudson, Fl 34669	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Officer Joanne Lettieri 12932 Kellywood Circle Hudson, Fl 34669	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Officer Elaine Pacheco 12635 Cedar Ridge Drive Hudson, Fl 34669	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	

CR2E037B (12/02)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: _____ Dayne A Cote' 4-16-07 727-857-9033
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #