

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 01, 2001 8:00 am**  
**Secretary of State**

02-01-2001 90080 041 \*\*\*\*61.25

0016057

**DOCUMENT # 752861**

1. Entity Name

**SHADETREE OWNERS ASSOCIATION, INC.**

Principal Place of Business

7125 N LAGOON DRIVE  
 UNIT D  
 PANAMA CITY FL 32408  
 US

Mailing Address

7125 N LAGOON DR  
 UNIT D  
 PANAMA CITY BEACH FL 32408  
 US

00016100



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-2182781**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**HERCULES, STELLA A.**  
**7125 N. LAGOON DR.**  
**UNIT-F**  
**PANAMA CITY BEACH FL 32408**

7. Name and Address of New Registered Agent

Name **Jim Newsome**  
 Street Address (P.O. Box Number is Not Acceptable)  
**7125 North LAGOON DR #E**  
~~Unit F~~  
 City **Panama City Beach** **FL** Zip Code **32408**

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 **Jim Newsome Sec-Treas. Jim Newsome Sec. (over) 1-25-01**  
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	<b>PT WALKER, DAN 7125- N. LAGOON DR. #D PANAMA CITY BEACH FL 32408</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VT FOSTER, EDIE 7125 N LAGOON DR. #N PANAMA CITY BEACH FL 32408</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>STDT HERCULES, STELLA 7125 N. LAGOON DR. #F PANAMA CITY BEACH FL 32408</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>AST NEWSOME, JIM 7125 N LAGOON DR #E PANAMA CITY BEACH FL 32408</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TC KIMBLER, PAT 7125 N. LAGOON DR. #K PANAMA CITY BEACH FL 32408</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>STDT Jim Newsome 7125 N. Lagoon Dr #E P.O. Box FL 32408</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>AST Stella Hercules 7125 N. Lagoon DR #F P.C.B. FL 32408</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TC Lila Norenberg 7125 N. Lagoon DR #B Panama City Beach FL 32408</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<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: **Jim Newsome Sec-Treas. Jim Newsome Sec. (over) 1-25-01** **850-233-1724**  
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (10/00)