

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 08, 2002 8:00 am
Secretary of State

02-08-2002 90004 013 ****61.25

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

2. Principal Place of Business

7125 N. Lagoon Dr

Suite, Apt. #, etc.
 Unit E

City & State
 Panama City FL

Zip
 32408

Country
 US

3. Mailing Address

7125 N. Lagoon Dr

Suite, Apt. #, etc.
 Unit E

City & State
 Panama City FL

Zip
 32408

Country
 US



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-2182781**

Applied For
 Not Applicable

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 N. LAGOON DR
Unit E
 City **PANAMA CITY** 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
 Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

JAN 24 2002

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

TITLE	PT	<input checked="" type="checkbox"/> Delete
NAME	WALKER, DAN	
STREET ADDRESS	7125- N. LAGOON DR. #D	
CITY-ST-ZIP	PANAMA CITY BEACH FL 32408	
TITLE	VT	<input type="checkbox"/> Delete
NAME	FOSTER, EDIE	
STREET ADDRESS	7125 N LAGOON DR. #N	
CITY-ST-ZIP	PANAMA CITY BEACH FL 32408	
TITLE	STDT	<input type="checkbox"/> Delete
NAME	NEWSOME, JIM	
STREET ADDRESS	7125 N LAGOON DR #E	
CITY-ST-ZIP	PANAMA CITY BEACH FL 32408	
TITLE	AST	<input type="checkbox"/> Delete
NAME	HERCULES, STELLA	
STREET ADDRESS	7125 N LAGOON DR #F	
CITY-ST-ZIP	PANAMA CITY BEACH FL 32408	
TITLE	TC	<input type="checkbox"/> Delete
NAME	KIMBLER, PAT	
STREET ADDRESS	7125 N LAGOON DR #B	
CITY-ST-ZIP	PANAMA CITY BEACH FL 32408	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Foster, Edie	
STREET ADDRESS	7125 N. LAGOON DR #N	
CITY-ST-ZIP	PANAMA CITY Bch FL 32408	
TITLE	VT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOWARD, MIKE	
STREET ADDRESS	7125 N. LAGOON DR # I	
CITY-ST-ZIP	PANAMA CITY Bch FL 32408	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Jim Newsome
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAN 24 2002

Date

850 233 1724

Daytime Phone #

CR2E037 (9/01)