

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 27, 2003 8:00 am**  
**Secretary of State**

01-27-2003 90537 017 \*\*\*\*61.25

**DOCUMENT # 752861**

1. Entity Name  
**SHADETREE OWNERS ASSOCIATION, INC.**



Principal Place of Business  
7125 N LAGOON DRIVE  
UNIT E  
PANAMA CITY FL 32408  
US

Mailing Address  
7125 N LAGOON DRIVE  
UNIT E  
PANAMA CITY FL 32408  
US



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2182781**  
Applied For   
Not Applicable

Zip Country

Zip Country

Zip Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**NEWSOME, JIM**  
7125 N. LAGOON DR.  
UNIT E  
PANAMA CITY BEACH FL 32408

Name *Stella Hercules*  
Street Address (P.O. Box Number is Not Acceptable)  
*7125 N LAGOON DR # F*  
*Unit F*  
City *Panama City Beach* **FL** Zip Code *32408*

B. 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 *Stella Hercules / Stella Hercules* *Secretary-Treasurer* *1-25-03*  
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 Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT FOSTER, EDIE 7125 N. LAGOON DR #N PANAMA CITY BEACH FL 32408	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT HOWARD, MIKE 7125 N. LAGOON DR #1 PANAMA CITY BEACH FL 32408	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STDT NEWSOME, JIM 7125 N LAGOON DR #E PANAMA CITY BEACH FL 32408	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AST HERCULES, STELLA 7125 N LAGOON DR #F PANAMA CITY BEACH FL 32408	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TC KIMBLER, PAT 7125 N LAGOON DR #B PANAMA CITY BEACH FL 32408	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT WILKERSON MACK 7125 N. LAGOON DR #G PANAMA CITY BEACH FL 32408	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT SILNUTZER David 7125 N. LAGOON DR #O PANAMA CITY BEACH FL 32408	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STDT HERCULES Stella 7125 N LAGOON DR # F <del>PANAMA CITY BEACH FL 32408</del>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Chairperson Edie Foster 7125 N. LAGOON DR #N PANAMA CITY BEACH FL 32408	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Keeper of the Keys Norenberg Lila 7125 N. LAGOON DR # B. PANAMA CITY BEACH FL 32408	<input type="checkbox"/> Change <input checked="" 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: *Stella Hercules* *Stella Hercules* *1-25-03* *858-235-4076*

CR2E037 (10/02)