

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 758659

1. Entity Name

SHADOW WOOD CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

C/O BENCHMARK PROP. MGT.
7932 WILES RD
CORAL SPRINGS FL 33067

Mailing Address

C/O BENCHMARK PROP. MGT.
7932 WILES RD
CORAL SPRINGS FL 33067-2071

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0030655

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CHURCHILL, CLINTON
8536 SHASOW CT
CORAL SPRINGS FL 33071

7. Name and Address of New Registered Agent

Name

Clinton Churchill

Street Address (P.O. Box Number is Not Acceptable)

8536 Shadow Court

City

Coral Springs

FL

Zip Code

33071

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

3/11/00

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 P ☐ Delete
NAME CHURCHILL, CLINTON
STREET ADDRESS 8536 SHADOW CT
CITY-ST-ZIP CORAL SPRINGS FL 33071

TITLE D ☒ Delete
NAME LECLAIR, LISA
STREET ADDRESS 8459 SHADOW COURT
CITY-ST-ZIP CORAL SPRINGS FL 33071

TITLE D ☐ Delete
NAME PAIGE, JULIA
STREET ADDRESS 8451 SHADOW COURT
CITY-ST-ZIP CORAL SPRINGS FL 33071

TITLE D ☒ Delete
NAME CHURCHILL, CLINTON
STREET ADDRESS 8536 SHADOW CT
CITY-ST-ZIP CORAL SPRINGS FL 33071

TITLE D ☐ Delete
NAME THOMPSON, ELLEN
STREET ADDRESS 8467 SHADOW COURT
CITY-ST-ZIP CORAL SPRINGS FL 33071

TITLE D ☒ Delete
NAME OLMSTEAD, MARILYN
STREET ADDRESS 8572 SHADOW COURT
CITY-ST-ZIP CORAL SPGS FL 33071

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE Dir-Pres ☒ Change ☐ Addition
NAME Churchill, Clinton
STREET ADDRESS 8536 Shadow Court
CITY-ST-ZIP Coral Springs, FL 33071

TITLE Dir-VP ☒ Change ☐ Addition
NAME Paige, Julia
STREET ADDRESS 8451 Shadow Court
CITY-ST-ZIP Coral Springs FL 33071

TITLE Dir-Treas ☒ Change ☐ Addition
NAME Thompson, Ellen
STREET ADDRESS 8467 Shadow Court
CITY-ST-ZIP Coral Springs, FL 33071

TITLE Dir-Sec ☐ Change ☒ Addition
NAME D'Arcy, Ralph
STREET ADDRESS 8525 Shadow Court
CITY-ST-ZIP Coral Springs, FL 33071

TITLE Dir ☐ Change ☒ Addition
NAME Just, Chester
STREET ADDRESS 8501 Shadow Court
CITY-ST-ZIP Coral Springs, FL 33071

TITLE ☐ Change ☐ 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:

Clinton Churchill

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

954-344-5353

3/12/00

Date

Daytime Phone #

FILED
Apr 19, 2000 8:00 am
Secretary of State

04-19-2000 90093 017 ****61.25

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DO NOT WRITE IN THIS SPACE