

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 759965 (7)

1. Corporation Name

SHADY BEND HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business

Mailing Address

% JOHN H. HOOLIHAN
ROUTE 2 BOX 265
BELL FL 32619-9645
US

% JOHN H. HOOLIHAN
ROUTE 2 BOX 2165
BELL FL 32619-9645
US

3. Date Incorporated or Qualified
09/11/1981

3a. Date of Last Report
01/23/1995

2. Principal Place of Business

2a. Mailing Address

21 % LARRY TUSHAR

26 % LARRY TUSHAR

4. FEI Number
59-1989294

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 5629 N.W. 72ND WAY

27 5629 N.W. 72ND WAY

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

City & State

City & State

23 BELL, FLORIDA

28 BELL, FLORIDA

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

Zip

Country

Zip

Country

24 32619

25 U.S.

29 32619

30 U.S.

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HOOLIHAN, THOMAS P
3440 MARINATOWN LANE NW
N FT MYERS FL 33903

81 Name

TUSHAR, LARRY

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

5629 N.W. 72ND WAY

83

84 City

BELL

FL

85 Zip Code

32619

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

LARRY TUSHAR (TD)

(NOTE: Registered Agent signature required when installing)

DATE

3-4-96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☐ DELETE

NAME HOOLIHAN, THOMAS P
STREET ADDRESS 3440 MARINATOWN LANE NW
CITY-ST-ZIP N FT MYERS, FL 00000

TITLE VD ☐ DELETE

NAME HOOLIHAN, JOHN H.
STREET ADDRESS RT. 2 BOX 2165
CITY-ST-ZIP BELL, FL 00000

TITLE SD ☐ DELETE

NAME HOOLIHAN, MARGE
STREET ADDRESS RT. 2 BOX 2165
CITY-ST-ZIP BELL FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

PD
CROOK, TRACY
5500 DENVER ST. N.E.
ST. PETERSBURG, FL. 33703

VD
HARMS, BRYAN D.
951 NORTHWEST TENTH COURT
MIAMI, FL. 33136

SD
CROOK, LAURA
5500 DENVER ST. N.E.
ST. PETERSBURG, FL. 33703

TD
TUSHAR, LARRY
5629 N.W. 72ND WAY
BELL, FL. 32619

300001735333

03707796--01032--01032

***61.25

SIGNATURE:

LARRY TUSHAR

2-21-96

Date

(904)

935-3777

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (12/95)