

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 759965

1. Entity Name

SHADY BEND HOMEOWNERS ASSOCIATION, INC.

FILED
Feb 21, 2001 8:00 am
Secretary of State

02-21-2001 90052 043 ****61.25



DO NOT WRITE IN THIS SPACE

Principal Place of Business

C/O BRYAN D. HARMS
5439 N.W. 72 WAY
BELL FL 32619
US

Mailing Address

C/O BRYAN D. HARMS
5439 N.W. 72 WAY
BELL FL 32619-9645
US

2. Principal Place of Business

3. Mailing Address

c/o Scott Pariseau

Same as block #2

Suite, Apt. #, etc.

5629 N.W. 72 WAY

Suite, Apt. #, etc.

City & State
Bell, FL

City & State

Zip
32619

Country
U.S.A.

Zip

Country

4. FEI Number

59-1989294

Applied For

Not Applicable

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

HARMS, BRYAN D.
5439 N.W. 72 WAY
BELL FL 32619

Name

Scott Pariseau

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

5629 N.W. 72 WAY

City

Bell

FL

Zip Code

32619

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

Scott Pariseau
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

2-20-01

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	PD CROOK, TRACY 5500 NW 72 WAY BELL FL 32619	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PARISEAU, SCOTT 5191 NW 70 TERR BELL FL 32619	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HARMS, MICHAEL 5191 NW 70 TERR BELL FL 32619	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD HARMS, BRYAN D. 5191 NW 70 TERR BELL FL 32619	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CROOK, BARRY 5500 NW 72 WAY BELL FL 32619	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P.D. WALKER MORAN 131 U.S. Hwy. 1 Key West, FL 33040	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V.T.D. Scott Pariseau 5629 N.W. 72 way Bell, FL 32619	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Same	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D. GARY Tanous 7169 N.W. 52st. Bell, FL 32619	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D. Thomas Hoolihan 6340 RiverClub Ct. North Fort Myers, FL 33917	<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:

Scott Pariseau
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-20-01 904/935-2601

Date

Daytime Phone #

CR2E037 (10/00)