

2002 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 06, 2002 8:00 am
Secretary of State

02-06-2002 90039 045 ****61.25

DOCUMENT # 759965

1. Entity Name

SHADY BEND HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

C/O SCOTT PARISEAU
5629 NW 72 WAY
BELL FL 32619
US

C/O SCOTT PARISEAU
5629 NW 72 WAY
BELL FL 32619
US

2. Principal Place of Business

3. Mailing Address

C/O E. TRACY CROOK
Suite, Apt. #, etc.

C/O E. TRACY CROOK
Suite, Apt. #, etc.

5500 NW 72 WAY

5500 NW 72 WAY

City & State
Bell FL

City & State
Bell FL

Zip
32619

Country
US

Zip
32619

Country
US

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

PARISEAU, SCOTT
5629 NW 72 WAY
BELL FL 32619

Name E. TRACY CROOK

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

5500 NW 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

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
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Delete
NAME MORAN, WALKER
STREET ADDRESS 131 U S HWY 1
CITY-ST-ZIP KEY WEST FL 33040

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VTD ☒ Delete
NAME PARISEAU, SCOTT
STREET ADDRESS 5629 NW 72 WAY
CITY-ST-ZIP BELL FL 32619

TITLE YTD ☒ Change ☐ Addition
NAME CROOK, E. TRACY
STREET ADDRESS 5500 NW 72 WAY
CITY-ST-ZIP Bell FL 32619

TITLE SD ☐ Delete
NAME HARMS, MICHAEL
STREET ADDRESS 5191 NW 70 TERR
CITY-ST-ZIP BELL FL 32619

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME TAROUS, GARY
STREET ADDRESS 7169 NW 52 STREET
CITY-ST-ZIP BELL FL 32619

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☒ Delete
NAME HOOLIHAN, THOMAS
STREET ADDRESS 6340 RIVERCLUB CT
CITY-ST-ZIP NORTH FORT MYERS FL 33917

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-11-02 386 935-2973

Date

Daytime Phone #

CR2E037 (9/01)