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

FILED Apr 14, 2003 8:00 am Secretary of State

DOCUMENT # NO200000331 1. Entity Name SHADY STABLES HOMEOWNERS' ASSOCIATION, INC.						04-02-2003	3 90035 042 ***		
Principal Place of Business Mailing Address					1			•	
3007 RIPPLEWOOD DRIVE SEFFNER FL 33584-6000		3007 RIPPLEWOOD DRIVE SEFFNER FL 33584-6030		. •	i				
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2. Principal Place of Business		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES				
City & State		City & State			4. FEI Number	·····		pplied For ot Applicable	
Zip Country		Zip	Cour	ntry	5. Certificate of Status Desired				
	6. Name and Address of Current	Registered Agent			7. Name and Add	ress of New Re	gistered Agent		
EICKEN	RDCNDATU		إحص	Name					
FICKEN, BRENDA M 3007 RIPPLEWOOD DRIVE SEESINGS EL 23554 6030				Street Address (eet Address (P.O. Box Number is Not Acceptable)				
SEFFNER FL 33584-6030				City	FL Zip Code				
	named entity submits this statement fo	r the purpose of changing its	registered	d office or register	ed agent, or both, in	the State of Florid	da. I am familiar with,	and accept	
the obliga	itions of registered agent.				4.1		. ,		
SIGNATURE .	Brenda M Field Stynature, typed or printed name of registered agent	and the Hampicania (NOTE	Jent.	Agent signature regered	Delin-	ful-	3/30/0)_3_	
	•	- O 130 (c conference :	under and remove recitation	ALIGN LOGISTICATOR) E .		DATE		
	FILE NOW: FEE IS \$61.25	9. Election Carr Trust Fund C	npaign Fir	nancing _	\$5.00 May Be Added to Fees		Check Payable Department of		
10.	OFFICERS AND DIF	9. Election Carr Trust Fund C	npaign Fir	nancing	\$5.00 May Be Added to Fees	Florida	Check Payable	State	
10.	OFFICERS AND DIF	9. Election Carr Trust Fund C	npaign Fir ontributio	nancing	\$5.00 May Be Added to Fees	Florida	Check Payable Department of	State	
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indicated on this report or supplemental report is true and accurate 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 of 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 of the corporation or the receiver of 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 of the corporation of the corporati

SIGNATURE

SIGNATURE AND TYPED OR PROVIDED HAME OF SIGNING OFFICER OR DIRECTOR

3-30-03 (813) 657-3458