

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 16, 2004 8:00 am**  
**Secretary of State**

02-16-2004 90036 011 \*\*\*\*\*61.25

**DOCUMENT # N26440**

1. Entity Name

**SHELDON SHORES HOMEOWNERS ASSOCIATION, INC.**



Principal Place of Business

**8023 SHELDON RD UNIT #3  
TAMPA FL 33615**

Mailing Address

**8023 SHELDON RD UNIT #3  
TAMPA FL 33615**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



MOORE

CR2E037 (11/03)

4. FEI Number

**59-2885325**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**PAGES, SUSAN  
8023 SHELDON RD UNIT #3  
TAMPA FL 33615-1959**

7. Name and Address of New Registered Agent

Name

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

City

**FL**

Zip Code

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. I am familiar with, and accept the obligations of registered agent.

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  
Due By May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE PD  
NAME PAGES, SUSAN D ☐ Delete  
STREET ADDRESS 8023 SHELDON RD UNIT #3  
CITY-ST-ZIP TAMPA FL 33615

TITLE VD  
NAME PAGES, SUSAN ☒ Delete  
STREET ADDRESS 8023 SHELDON ROAD #3  
CITY-ST-ZIP TAMPA FL 33615

TITLE TD  
NAME HUDSON, ALICE ☐ Delete  
STREET ADDRESS 8023 SHELDON RD #2  
CITY-ST-ZIP TAMPA FL 33615

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE VP  
NAME SKYDBR, CONNIE ☐ Change ☒ Addition  
STREET ADDRESS 8023 SHELDON RD APT 2  
CITY-ST-ZIP TAMPA, FL 33615

TITLE TD  
NAME HUDSON, ALICE ☒ Change ☐ Addition  
STREET ADDRESS 8023 SHELDON Rd APT 7  
CITY-ST-ZIP TAMPA, FL 33615

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

TITLE ☐ Change ☐ Addition  
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:** *Susan Pages Susan Pages*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*2/10/04 813 286-8243  
x461136*