

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

**FILED**  
**Mar 24, 2003 8:00 am**  
**Secretary of State**

01-31-2003 90387 021 \*\*\*\*61.25

**DOCUMENT # N26440**

1. Entity Name

**SHELDON SHORES HOMEOWNERS ASSOCIATION, INC.**



Principal Place of Business

Mailing Address

8023 SHELDON RD UNIT #3  
TAMPA FL 33615

8023 SHELDON RD  
TAMPA FL 33615

**55018625**



☒ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

8023 Sheldon Rd #3

8023 Sheldon Rd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

#3

#3

City & State

City & State

Tampa, FL

Tampa, FL

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

7. Name and Address of New Registered Agent

SNYDER, ANGELA  
8023 SHELDON ROAD #2  
TAMPA FL 33615

Name

SUSAN PAGES

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

8023 SHELDON RD #3

City

Tampa

FL

Zip Code

33615-1959

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

*Susan Pages*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1-10-03

**FILE NOW: FEE IS \$61.25**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☒ Delete  
NAME SNYDER, ANGELA  
STREET ADDRESS 8023 SHELDON RD #1  
CITY-ST-ZIP TAMPA FL 33615

TITLE ☒ Change ☐ Addition  
NAME PAGES, SUSAN D  
STREET ADDRESS 8023 SHELDON RD #3  
CITY-ST-ZIP Tampa, FL 33615

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

TITLE ☐ Change ☐ Addition  
NAME *CONNIE*  
STREET ADDRESS *W 110*  
CITY-ST-ZIP

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

TITLE ☒ Change ☐ Addition  
NAME SNYDER, CONNIE D  
STREET ADDRESS 8023 SHELDON RD #2  
CITY-ST-ZIP Tampa, FL 33615

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

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:

*SUSAN PAGES*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR25037 (10/02)