

# 2000 UNIFORM BUSINESS REPORT (UBR)

7/2

FILED

Aug 21, 2000 8:00 am  
Secretary of State

07-20-2000 90023 016 \*\*\*\*61.25

DOCUMENT # N27862

1. Entity Name

SHADY HAMMOCK PROPERTY OWNERS' ASSOCIATION, INC.

Principal Place of Business

5018 GREENBROOK LN.  
LAKELAND FL 33811  
US

Mailing Address

POST OFFICE BOX 5284  
LAKELAND FL 33807-5284  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2904335

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ELLIOTT, KAY  
5018 GREENBROOK LN  
LAKELAND FL 33811

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.

SIGNATURE

Signature, typed or printed name of registered agent and use 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  
NAME WISE, LESLIE  
STREET ADDRESS 4025 HAMMOCK PL  
CITY-ST-ZIP MULBERRY FL ☒ Delete

TITLE SD  
NAME DAGGETT, SHARON  
STREET ADDRESS 4104 SHADY HAMMOCK DRIVE  
CITY-ST-ZIP MULBERRY FL 33860 ☒ Delete

TITLE TD  
NAME MABRY, AGNES  
STREET ADDRESS 4108 SHADY HAMMOCK DR  
CITY-ST-ZIP MULBERRY FL ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE PD  
NAME GLORIA JOHNSON  
STREET ADDRESS 4018 SHADY VIEW DR.  
CITY-ST-ZIP MULBERRY, FL 33860 ☐ Change ☒ Addition

TITLE VPD  
NAME BOBBY SANTO  
STREET ADDRESS 3971 SHADY HAMMOCK DR  
CITY-ST-ZIP MULBERRY, FL 33860 ☐ Change ☒ Addition

TITLE  
NAME AGNES MABRY  
STREET ADDRESS 4108 SHADY HAMMOCK DR  
CITY-ST-ZIP MULBERRY, FL 33860 ☐ Change ☒ Addition

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

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

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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  
Gloria M. Johnson 7.14.00 863-869-8157

Date

Daytime Phone #

CR2E037 (9/98)