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

FILED
Mar 25, 2002 8:00 am
Secretary of State
03-25-2002 90029 042 ****61.25

DOCUMENT # N 27862

1. Entity Name
SHADY HAMMOCK PROPERTY OWNERS

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
3963 Shady Hammock Dr.	P.O. Box 1377
Suite, Apt. #, etc.	Suite, Apt. #, etc.
Mulberry, FL	Mulberry, FL
Zip 33860 Country POLK	Zip 33860 Country POLK

DO NOT WRITE IN THIS SPACE

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

7. Name and Address of Current Registered Agent

Name CAROL BLISSETT

Street Address (P.O. Box Number is Not Acceptable) 3963 Shady Hammock Dr.

City Mulberry FL Zip Code 33860

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 Carol Blissett Carol Blissett 3-8-02
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FEE IS $61.25
Initial or Amended UBR

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

TITLE P-D	TITLE
NAME Robert (Bobby) Santos	NAME
STREET ADDRESS 3991 Shady Hammock Dr.	STREET ADDRESS
CITY-ST-ZIP Mulberry, FL 33860	CITY-ST-ZIP
TITLE VP-D	TITLE
NAME Carol Blissett	NAME
STREET ADDRESS 3963 Shady Hammock Dr.	STREET ADDRESS
CITY-ST-ZIP Mulberry, FL. 33860	CITY-ST-ZIP
TITLE ST-D	TITLE
NAME Barnie Esposito	NAME
STREET ADDRESS 208 W. Alano Dr.	STREET ADDRESS
CITY-ST-ZIP Lakeland, FL. 33813	CITY-ST-ZIP
TITLE	TITLE
NAME	NAME
STREET ADDRESS	STREET ADDRESS
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CITY-ST-ZIP	CITY-ST-ZIP

DO NOT WRITE IN THIS SPACE

CR2E037B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Robert Santos 3-8-02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

DOC# 27862

427559

3-8-02

Dear Sir-

As of Oct. 11, 2001, we took back Shady Hammock POA - Please send all correspondence to:

SHADY HAMMOCK
P.O.A., INC
P.O. BOX 1377
MULBERRY, FL 33860

We did not receive our paper work on the UBR - so I printed this off the Internet - Hope everything is correct -

Thank you,
Carol Blissett VP
3963 Shady Hammock Dr.
Mulberry FL. 33860
1-863-425-2737