

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

FILED
Mar 17, 2004 8:00 am
Secretary of State

03-17-2004 90043 016 ****61.25

DOCUMENT # N27862

1. Entity Name

SHADY HAMMOCK PROPERTY OWNERS' ASSOCIATION, INC.



Principal Place of Business

**3963 SHADY HAMMOCK DRIVE
MULBERRY FL 33860
US**

Mailing Address

**P.O BOX 1377
MULBERRY FL 33860
US**

94031283



MOORE CR2E037 (11/03)

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-2904335

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**BLISSETT, CAROL
3963 SHADY HAMMOCK DRIVE
MULBERRY FL 33860**

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 SANTOS, ROBERT (BOBBY) ☐ Delete
STREET ADDRESS 3971 SHADY HAMMOCK DR
CITY-ST-ZIP MULBERRY FL 33860

TITLE VPD
NAME FRENCH, WILLIAM ☐ Delete
STREET ADDRESS 4129 SHADY HAMMOCK DR
CITY-ST-ZIP MULBERRY FL 33860

TITLE STD
NAME BLISSETT, CAROL ☐ Delete
STREET ADDRESS 3963 SHADY HAMMOCK DR
CITY-ST-ZIP MULBERRY FL 33860

TITLE BM
NAME MARTIN, BARBARA ☐ Delete
STREET ADDRESS 1870 PINE GROVE DR
CITY-ST-ZIP MULBERRY FL 33860

TITLE BM
NAME PARSONS, MARY ☐ Delete
STREET ADDRESS 3998 SHADY HAMMOCK DR
CITY-ST-ZIP MULBERRY FL 33860

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

TITLE ☐ Change ☐ Addition
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NAME Same
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:

Carol Blissett
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-15-04 1-863-4252737

Date

Daytime Phone #