

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 31, 2000 8:00 am**  
**Secretary of State**

05-31-2000 90006 034 \*\*\*\*61.25

**DOCUMENT # N31548**

1. Entity Name

**SHADY BROOKE PROPERTY OWNERS' ASSOCIATION, INC.**

Principal Place of Business

5018 GREENBROOK LN  
 LAKELAND FL 33811  
 US

Mailing Address

P.O. 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

**59-2942813**

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

**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 title 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 **D** ☐ Delete  
 NAME **LOOMIS, TERRY**  
 STREET ADDRESS **3475 SHADY BROOKE DRIVE**  
 CITY-ST-ZIP **MULBERRY FL 33860**

TITLE **PD** ☒ Change ☐ Addition  
 NAME **LOOMIS, TERRY**  
 STREET ADDRESS **3475 SHADY BROOKE DR.**  
 CITY-ST-ZIP **MULBERRY, FL 33860**

TITLE **PD** ☒ Delete  
 NAME **CHAVES, AUGUSTIN**  
 STREET ADDRESS **3469 SHADY BROOKE DRIVE**  
 CITY-ST-ZIP **MULBERRY FL 33860**

TITLE **TD** ☐ Change ☒ Addition  
 NAME **ARTHUR, BILL**  
 STREET ADDRESS **3545 SHADY BROOKE DR.**  
 CITY-ST-ZIP **MULBERRY, FL 33860**

TITLE **VPD** ☒ Delete  
 NAME **KELLY, LOIS**  
 STREET ADDRESS **3554 SHADY BROOKE DRIVE**  
 CITY-ST-ZIP **MULBERRY FL 33860**

TITLE **D** ☐ Change ☒ Addition  
 NAME **MAURER, ARTHUR**  
 STREET ADDRESS **3439 SHADY BROOKE DR.**  
 CITY-ST-ZIP **MULBERRY, FL 33860**

TITLE **SD** ☒ Delete  
 NAME **MENDOZA, IDA**  
 STREET ADDRESS **3481 SHADY BROOKE DR**  
 CITY-ST-ZIP **MULBERRY FL 33860**

TITLE **D** ☐ Change ☒ Addition  
 NAME **MAURER, BARBARA**  
 STREET ADDRESS **3439 SHADY BROOKE DR.**  
 CITY-ST-ZIP **MULBERRY, FL 33860**

TITLE **TD** ☒ Delete  
 NAME **ROSALES, FELIPE**  
 STREET ADDRESS **3498 SHADY BROOKE DR**  
 CITY-ST-ZIP **MULBERRY FL 33860**

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

TITLE **D** ☒ Delete  
 NAME **ARTHUR, LILLIAN**  
 STREET ADDRESS **3545 SHADY BROOKE DR**  
 CITY-ST-ZIP **MULBERRY FL 33860**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)