

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 28, 2002 8:00 am
Secretary of State

0044563

DOCUMENT # N31548

1. Entity Name

SHADY BROOKE PROPERTY OWNERS' ASSOCIATION, INC.

03-28-2002 90788 014 ****61.25

Principal Place of Business

Mailing Address

8 GREENBROOK LN
 LAKE LAND FL 33811

P.O. BOX 5284
 LAKE LAND 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



DO NOT WRITE IN THIS SPACE

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
LAKE LAND 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 **PD** ☒ Delete
 NAME **LOOMIS, TERRY**
 STREET ADDRESS **3475 SHADY BROOKE DRIVE**
 CITY-ST-ZIP **MULBERRY FL 33860**

TITLE **PD** ☒ Change ☐ Addition
 NAME **Agustin Chavez**
 STREET ADDRESS **3469 Shady Brook Dr**
 CITY-ST-ZIP **Mulberry FL 33860**

TITLE **TD** ☒ Delete
 NAME **ARTHUR, BILL**
 STREET ADDRESS **3545 SHADY BROOKE DRIVE**
 CITY-ST-ZIP **MULBERRY FL 33860**

TITLE **VPD** ☒ Change ☐ Addition
 NAME **Barbara Maurer**
 STREET ADDRESS **3439 Shady Brook Dr**
 CITY-ST-ZIP **Mulberry FL 33860**

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

TITLE **STD** ☐ Change ☒ Addition
 NAME **Barnier Esposito**
 STREET ADDRESS **208 W Alamo Dr**
 CITY-ST-ZIP **Lakeland FL 33803**

TITLE **VPD** ☐ Delete
 NAME **CHACEZ, AGUSTIN**
 STREET ADDRESS **3469 SHADY BROOK DR.**
 CITY-ST-ZIP **MULBERRY FL 33860**

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

TITLE **D** ☐ Delete
 NAME **MAURER, BARBARA**
 STREET ADDRESS **3439 SHADY BROOK DR.**
 CITY-ST-ZIP **MULBERRY FL 33860**

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:

Barnier Esposito
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-13-02 863 647 1739

CR2E037 (9/01)