

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # *N 39364*

1. Entity Name

Sheltering Pines Improvement Association, Inc.

FILED

Apr 26, 2001 8:00 am
Secretary of State

04-26-2001 90119 046 ****61.25

00053105

DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

*19100 Unicorn LN
FT Myers FL 33908*

*19100 Unicorn LN
FT. Myers FL 33908*

2. Principal Place of Business

3512 Unique Circle

3. Mailing Address

3512 Unique Circle

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

FT Myers FL

City & State

FT Myers FL

4. FEI Number

65-0217978

Applied For

Not Applicable

Zip

Country

33908 USA

Zip

Country

33908 USA

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

Jerry Shaffer

19100 Unicorn LN

FT. Myers FL 33908

7. Name and Address of New Registered Agent

Name

Carolyn Forbes

Street Address (P.O. Box Number is Not Acceptable)

3512 Unique Circle

City

FT Myers

FL

Zip Code

33908

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

Carolyn Forbes

Carolyn Forbes

4/17/01

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

TITLE *P* NAME *Dailey, Fred* ☐ Delete
STREET ADDRESS *P.O. Box 1235*
CITY-ST-ZIP *Estero FL 33928*

TITLE *V* NAME *Shaffer, Jerry J* ☒ Delete
STREET ADDRESS *19100 Unicorn LN*
CITY-ST-ZIP *FT Myers FL 33908*

TITLE *ST* NAME *Kokuba, Irene* ☒ Delete
STREET ADDRESS *3612 Unique Cir SW*
CITY-ST-ZIP *FT Myers FL 33908*

TITLE *BD* NAME *Florky, Chester* ☒ Delete
STREET ADDRESS *3814 Unique Cir, SW*
CITY-ST-ZIP *FT Myers FL 33908*

TITLE *BD* NAME *Tossey, David* ☐ Delete
STREET ADDRESS *3726 Unique Cir, SW*
CITY-ST-ZIP *FT Myers FL 33908*

TITLE *BD* NAME *Jones, Lester* ☐ Delete
STREET ADDRESS *3579 Unique Cir, SW*
CITY-ST-ZIP *FT Myers FL 33908*

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE *V* NAME *Forbes, Melvin* ☒ Change ☐ Addition
STREET ADDRESS *3512 Unique Cir, SW*
CITY-ST-ZIP *FT Myers FL 33908*

TITLE *ST* NAME *Forbes, Carolyn* ☒ Change ☐ Addition
STREET ADDRESS *3512 Unique Cir, SW*
CITY-ST-ZIP *FT Myers FL 33908*

TITLE *BD* NAME *Castro, Edward* ☐ Change ☒ Addition
STREET ADDRESS *3608 Unique Cir, SW*
CITY-ST-ZIP *FT Myers FL 33908*

TITLE *BD* NAME *Poupart, Alfred* ☐ Change ☒ Addition
STREET ADDRESS *19106 Unicorn LN*
CITY-ST-ZIP *FT Myers FL 33908*

TITLE *BD* NAME *Kern, James* ☐ Change ☒ Addition
STREET ADDRESS *3746 Unique Cir*
CITY-ST-ZIP *FT Myers FL 33908*

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: *Carolyn Forbes*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/00)