

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 10, 2003 8:00 am**  
**Secretary of State**

03-10-2003 90744 008 \*\*\*\*61.25

**DOCUMENT # N39364**

1. Entity Name

**SHELTERING PINES IMPROVEMENT ASSOCIATION, INC.**



Principal Place of Business

**3512 UNIQUE CIRCLE  
FT. MYERS FL 33908  
US**

Mailing Address

**3512 UNIQUE CIRCLE  
FT. MYERS FL 33908  
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 **65-0217978**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**FORBES, CAROLYN  
3512 UNIQUE CIRCLE  
FORT MYERS FL 33908**

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**

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 **BD** ☒ Delete  
NAME **JONES, LESTER**  
STREET ADDRESS **3579 UNIQUE CIR SW**  
CITY-ST-ZIP **FORT MYERS FL 33908**

TITLE **BD** ☐ Delete  
NAME **CASTRO, EDWARD**  
STREET ADDRESS **3608 UNIQUE CIR SW**  
CITY-ST-ZIP **FORT MYERS FL 33908**

TITLE **BD** ☐ Delete  
NAME **FORBES, MELVIN**  
STREET ADDRESS **3512 UNIQUE CIRCLE**  
CITY-ST-ZIP **FORT MYERS FL 33908**

TITLE **P** ☐ Delete  
NAME **DAILEY, FRED L**  
STREET ADDRESS **PO BOX 1235**  
CITY-ST-ZIP **ESTERO FL 33928**

TITLE **BD** ☐ Delete  
NAME **TOSSEY, DAVID**  
STREET ADDRESS **3726 UNIQUE CIR., SW**  
CITY-ST-ZIP **FORT MYERS FL 33908**

TITLE **ST** ☐ Delete  
NAME **FORBES, CAROLYN**  
STREET ADDRESS **3512 UNIQUE CIRCLE**  
CITY-ST-ZIP **FORT MYERS FL 33908**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **BD** ☒ Change ☐ Addition  
NAME **Jeanotte, Elaine**  
STREET ADDRESS **3520 Unique Circle**  
CITY-ST-ZIP **Ft Myers FL 33908**

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

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

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

TITLE ☐ Change ☐ Addition  
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: *Carolyn Forbes* **SIGNATURE REQUIRED**

**2-27-03 239-454-7605**

CR2E037 (10/02)

# Attachment

2003 Not-For-Profit Corporation Uniform Business Report  
Document # N39364  
Sheltering Pines Improvement Association, Inc.

N.39364

70024493

## Section 11 Continued:

V                      Addition  
Tony Vantrees  
3785 Unique Circle  
Fort Myers, FL 33908

BD                    Addition  
Glenn Jones  
3829 Unique Circle  
Ft. Myers FL 33908