

2002 UNIFORM BUSINESS REPORT (UBR)

3/

FILED
Apr 21, 2002 8:00 am
Secretary of State

03-25-2002 90151 003 ****61.25

DOCUMENT # N43533

1. Entity Name

SHADY ROAD VILLAS HOMEOWNERS, INC.

Principal Place of Business

Mailing Address

9100 SW 27TH AVE.
LOT A-34
OCALA FL 34476
US

9100 SW 27TH AVE
D-27
OCALA FL 34476
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

59-3067976

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

MCCARTHY, LORRAINE
9100 SW 27TH AVE
LOT C-18
OCALA FL 34476

Name

Dolores A. Weiss

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

9100 S.W. 27TH AVE, A-16

OCALA

City

FL

Zip Code

34476

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 Dolores A. Weiss, Treas. Dolores A. Weiss

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

03/12/02

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 WAITS, OSCAR
STREET ADDRESS 9100 SW 27TH AVE #A-34
CITY-ST-ZIP OCALA FL 34476

TITLE VPD ☐ Delete
NAME DINGER, BETTY
STREET ADDRESS 9100 SW 27TH AVE #A-13
CITY-ST-ZIP OCALA FL 34476

TITLE TD ☒ Delete
NAME MCCARTHY, LORRAINE
STREET ADDRESS 9100 SW 27 AVE., C-18
CITY-ST-ZIP OCALA FL 34476

TITLE S ☒ Delete
NAME ROBINSON, PAT
STREET ADDRESS 9100 SW 27TH AVENUE
CITY-ST-ZIP OCALA FL 34476

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Dinger, Betty, Pres ☒ Change ☐ Addition
NAME 9100 S.W. 27th AVE, B-27
STREET ADDRESS OCALA, FL 34476
CITY-ST-ZIP

TITLE V. PRES ☐ Change ☒ Addition
NAME HCP DING, JR., FRCD ☒ D.
STREET ADDRESS 9100 S.W. 27th AVE, A-15
CITY-ST-ZIP OCALA, FL 34476

TITLE SEC ☐ Change ☒ Addition
NAME NEWBY, L. MARJORIE ☒ D.
STREET ADDRESS 9100 S.W. 27th AVE, D-12
CITY-ST-ZIP OCALA, FL 34476

TITLE Treas. ☐ Change ☒ Addition
NAME Dolores A. Weiss ☒ D.
STREET ADDRESS 9100 S.W. 27th AVE, A-16
CITY-ST-ZIP OCALA, FL 34476

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:

Dolores A. Weiss, Treas. Dolores A. Weiss 03/12/02 (352) 2372809

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)