

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

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91871 034 *****70.00

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1. Entity Name

SHELDON CHASE HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business

115 S DALE MABRY HWY
SUITE 300
TAMPA FL 33609
US

Mailing Address

115 S DALE MABRY HWY
SUITE 300
TAMPA FL 33609
US

2. Principal Place of Business

1207 N. Himes Ave

3. Mailing Address

1207 N. Himes Ave

Suite, Apt. #, etc.

Suite 3

Suite, Apt. #, etc.

Suite 3

City & State

Tampa FL

City & State

Tampa FL

Zip

33607

Country

USA

Zip

33607

Country

USA

4. FEI Number

59-3251699

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

UNIQUE PROPERTY SERVICES INC
115 S DALE MABRY HWY
SUITE 300
TAMPA FL 33609

7. Name and Address of New Registered Agent

Name **Unique Property Services Inc.**
Street Address (P.O. Box Number is Not Acceptable)
1207 N. Himes Ave
Suite 3
City **Tampa** FL Zip Code **33607**

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	PD	<input type="checkbox"/> Delete
NAME	SHIRLEY, SHIRLEY	
STREET ADDRESS	8804 SHELDON CHASE DR	
CITY-ST-ZIP	TAMPA FL 33635	
TITLE	VPS	<input type="checkbox"/> Delete
NAME	LESTER, ASHLEY	
STREET ADDRESS	9021 SHELDON CHASE DR	
CITY-ST-ZIP	TAMPA FL 33635	
TITLE	SD	<input type="checkbox"/> Delete
NAME	MILLET, STEPHANIE	
STREET ADDRESS	8806 SHELDON CHASE DR	
CITY-ST-ZIP	TAMPA FL 33635	
TITLE	TD	<input type="checkbox"/> Delete
NAME	SHAW, SHAUNA	
STREET ADDRESS	9009 SHELDON CHASE DR	
CITY-ST-ZIP	TAMPA FL 33635	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 REQUIRED

4/30/03 813-249-9054

CR2E037 (10/02)