

2000 UNIFORM BUSINESS REPORT (UBR)

3/8/00-90065-049-\$61.25-\$61.25

DOCUMENT # N95000001250

1. Entity Name

SHADY OAKS HOMEOWNER'S ASSOCIATION, INC.

FILED

00 MAR 27 PM 2:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
00034002



DO NOT WRITE IN THIS SPACE

Principal Place of Business 3801 58TH AVE. NORTH ST PETERSBURG FL 33714		Mailing Address JOYCE READ, LOT 41 3801 58TH AVE. NORTH ST. PETERSBURG FL 33714-1147	
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip		3. Mailing Address Mary J Brown Suite, Apt. #, etc. 3801 58 Ave N Unit 72 City & State ST. PETERSBURG FL Zip 33714-1147 Country USA	

4. FEI Number 59-3288115	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent READ, JOYCE 3801 58TH AVE. NORTH LOT #41 ST. PETERSBURG FL 33714-1101	7. Name and Address of New Registered Agent Name Brown MARY J. Street Address (P.O. Box Number is Not Acceptable) 3801 58 Ave N UNIT 72 City ST PETERSBURG FL Zip Code 33714
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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 <u>Brown, Mary Jane</u> Signature, typed or printed name of registered agent and title if applicable.	<u>Mary Jane Brown</u> (NOTE: Registered Agent Signature required when registering)	<u>20 Feb 2000</u> DATE
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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 NAME STREET ADDRESS CITY-ST-ZIP	DS BROWN, MARY J 3801 58TH AVE. NORTH, #72 ST. PETERSBURG FL 33714 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>D. Pres. MYB</u> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LATURNO, JOSEPH 3801 58TH AVE. NORTH, #22 ST. PETERSBURG FL 33714 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD READ, JOYCE 3801 58TH AVE. N., #72 ST. PETERSBURG FL 33714 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>DTrea MYB</u> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <u>Dennis Nelson</u> <u>3801 58 Ave N. #57</u> <u>St Petersburg FL 33714</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: <u>Brown, Mary Jane</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	<u>24 Feb 2000</u> Date	<u>727 527 7415</u> Daytime Phone #
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CR2E037 (9/99)