

FILED

Sep 23, 2002 8:00 am
Secretary of State

04-03-2002 90179 005 ****61.25

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000001250

1. Entity Name

SHADY OAKS HOMEOWNER'S ASSOCIATION, INC.

Principal Place of Business

3801 58TH AVE. NORTH
ST PETERSBURG FL 33714

Mailing Address

C/O MARY J. BROWN
3801 58TH AVE. NORTH UNIT 72
ST. PETERSBURG FL 33714

2. Principal Place of Business

3. Mailing Address

Jean Marsiglia

Suite, Apt. #, etc.

Suite, Apt. #, etc.

3801 58 Ave N Lot 29

City & State

ST Petersburg FL

Zip

Country

33714

Country
Pinellas

4. FEI Number

59-3288115

Applied For

Not Applicable

5. Certificate of Status Desired ☐\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

BROWN, MARY J
3801 58TH AVE. NORTH
UNIT 72
ST. PETERSBURG FL 33714

7. Name and Address of New Registered Agent

Name Jean Marsiglia

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

3801 58 Ave N Lot 29

City ST Petersburg

FL

Zip Code

33714

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

JEAN MARSIGLIA Jean Marsiglia

9-23-02

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

(NOTE: Registered Agent signature required when reinstating)

DATE

After September 13, 2002,
min. will be \$236.25.9. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00 May Be
Added to Fees4-3-02
Make Check Payable to
Department of State
90179-005-6125

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BROWN, MARY J 3801 58TH AVE. NORTH, #72 ST. PETERSBURG FL 33714	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LATURNO, JOSEPH 3801 58TH AVE. NORTH, #22 ST. PETERSBURG FL 33714	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT NELSON, DENNIS 3801 58 AVENUE NORTH, #57 ST. PETERSBURG FL 33714	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Jean Marsiglia 3801 58 Ave N Lot 29 ST Petersburg FL 33714	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Jenny Schaber 3801 58 Ave N Lot 31 ST Petersburg FL 33714	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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"/> 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: JEAN MARSIGLIA

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(727) 528-7146

CR2E037 (4/02)