

**2000 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # N96000001716**

1. Entity Name

**SHADY LANE MOBILE HOME PARK HOMEOWNERS ASSOCIATI****FILED****Mar 06, 2000 8:00 am**  
**Secretary of State**

03-06-2000 90092 008 \*\*\*\*61.25

Principal Place of Business

Mailing Address

~~XXXX LARSON FREE HA~~  
~~3725 PARK DRIVE STE 8~~  
~~CLEARWATER FL 33763~~  
US~~XXXX LARSON FREE HA~~  
~~3725 PARK DRIVE STE 8~~  
~~CLEARWATER FL 33763~~  
US**818943**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

c/o Jonathan James Damonte

c/o Jonathan James Damonte, Chrtid.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

12110 Seminole Blvd.

12110 Seminole Blvd.

City &amp; State

City &amp; State

Largo, FL

Largo, FL

4. FEI Number

**59-3497886**

Applied For

Not Applicable

Zip

Country

33778

USA

Zip

Country

33778

USA

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

**DAMONTE, JONATHAN J**  
**12110 SEMINOLE BLVD**  
**LARGO FL 33778**

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.

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**  
**Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TD  
ROUILLARD, LUELLA  
15400 ROOSEVELT BLVD LOT 217  
CLEARWATER FL 33760☐ Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Change☐ Addition

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

PD  
CHASE, STAN  
15400 ROOSEVELT BLVD LOT 426  
CLEARWATER FL 33760☐ Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Change☐ Addition

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SD  
RENGEL, SHARON  
15400 ROOSEVELT BLVD., LOT 220  
CLEARWATER FL 33760☐ Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Change☐ Addition

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

VP  
MARSHALL, BERNARD  
15400 ROOSEVELT BLVD LOT 100  
CLEARWATER FL 33760☐ Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Change☐ Addition

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

D  
MULLONG, JACK  
15400 ROOSEVELT BLVD., LOT 221  
CLEARWATER FL☐ Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Change☐ Addition

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

D  
GUIMOND, ERNEST J  
15400 ROOSEVELT BLVD LOT 210  
CLEARWATER FL 33760☐ Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Change☐ 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:

*Stanley W. Damonte* PRESIDENT  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-29-00 (727) 535-1504

Date

Daytime Phone #

CR2E037 (9/99)