

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

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

05-21-2002 91192 014 ****61.25

DOCUMENT # **N96000003165**

1. Entity Name
SHADOW OAKS EAST HOMEOWNERS ASSOCIATION INC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
9120 FORT KING RD.
Suite, Apt. #, etc.

3. Mailing Address
9120 FORT KING RD.
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
DADE CITY FL
Zip
33525
Country
USA

City & State
DADE CITY, FL
Zip
33525
Country
USA

4. FEI Number
59-3503273
Applied For
Not Applicable

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name **JAMES K. FRAZIER**
Street Address (P.O. Box Number is Not Acceptable)
9120 FT. KING RD
City **DADE CITY** FL Zip Code **33525**

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 _____

FEE IS \$61.25
Initial or Amended UBR

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES-D JAMES K. FRAZIER 9120 FORT KING RD. DADE CITY, FL 33525
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP-D JENNIFER FRAZIER 9120 FT. KING RD DADE CITY, FL 33525
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CAROLE DELP 37038 MCCONNELL LANE DADE CITY, FL 33525
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**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE **James K. Frazier Pres. JAMES K. FRAZIER 430-02(813)779-2485**

CR2E037B (12/01)