

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000006113

1. Entity Name

SHANNON LAKES HOMEOWNERS ASSOCIATION, INC.

FILED
Feb 19, 2000 8:00 am
Secretary of State

02-19-2000 90015 020 ****61.25

Principal Place of Business 2180 WEST SR 434, SUITE 5000 LONGWOOD FL 32779-5044	Mailing Address 2180 WEST SR 434, SUITE 5000 LONGWOOD FL 32779
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State	4. FEI Number 59-3423421	Applied For Not Applicable
Zip	Country	Zip	Country



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

TEPLITSKY, IGOR
 1155 SOUTH SEMORAN BLVD. #1118
 WINTER PARK FL 32792

7. Name and Address of New Registered Agent

Name
 HART, JAMES W JR
 Street Address (P.O. Box Number is Not Acceptable)
 SENTRY MANAGEMENT INC
 2180 W SR 434 STE 5000
 City
 LONGWOOD FL Zip Code
 32779

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] 1/18/00
 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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD STEPHAN, REINHARD G 2699 LEE ROAD STE. 540 WINTER PARK FL 32789 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD MORIN, JOSEPH W 1155 SOUTH SEMORAN BLVD. #1118 WINTER PARK FL 32792 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DAVIS, LYAL A 1155 SOUTH SEMORAN BLVD. #1118 WINTER PARK FL 32792 <input checked="" 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 CRUZ, JOHN P. 2073 Shannon Lakes Blvd Kissimmee, FL 34743 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD MENDEZ, CLAUDINE L. 2046 Shannon Lakes Blvd. Kissimmee, FL 34743 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD CHAMBERS, MICHELLE 2336 Lily Pad Lane Kissimmee, FL 34743 <input type="checkbox"/> Change <input checked="" 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 information.

SIGNATURE: [Signature] 9-00
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)