

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 17, 2003 8:00 am**  
**Secretary of State**

03-17-2003 90104 043 \*\*\*\*61.25

**DOCUMENT # N98000005973**

1. Entity Name

**SHADY POINT OWNERS ASSOCIATION, INC.**



Principal Place of Business

**311 CENTRE STREET  
FERNANDINA BEACH FL 32034**

Mailing Address

**311 CENTRE STREET  
FERNANDINA BEACH FL 32034**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3685547**

Applied For

Not Applicable

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

**JASINSKY, BRUCE A  
311 CENTRE STREET  
FERNANDINA BEACH FL 32034**

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. I am familiar with, and accept the obligations of registered agent.

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  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME	<b>VPD</b> <input type="checkbox"/> Delete
STREET ADDRESS	<b>GALPHIN, W.N. JR.</b>
CITY-ST-ZIP	<b>311 CENTRE STREET FERNANDINA BEACH FL 32034</b>
TITLE NAME	<b>VPD</b> <input type="checkbox"/> Delete
STREET ADDRESS	<b>GALPHIN, F.W.</b>
CITY-ST-ZIP	<b>311 CENTRE STREET FERNANDINA BEACH FL 32034</b>
TITLE NAME	<b>P</b> <input type="checkbox"/> Delete
STREET ADDRESS	<b>GRAY, ROBERT</b>
CITY-ST-ZIP	<b>C/O 311 CENTRE STREET CENTRE FERNANDINA BEACH FL 32034</b>
TITLE NAME	<b>D</b> <input type="checkbox"/> Delete
STREET ADDRESS	<b>DAVIS, JOHNNY</b>
CITY-ST-ZIP	<b>1 SOUTH 3RD STREET FERNANDINA BEACH FL 32034</b>
TITLE NAME	<b>D</b> <input type="checkbox"/> Delete
STREET ADDRESS	<b>LLARENA, ALEX</b>
CITY-ST-ZIP	<b>1409 PLANTATION OAKS TERRACE AMELIA ISLAND FL 32034</b>
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS	
CITY-ST-ZIP	

TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
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CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	

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: **Robert Gray** **REQUIRED**

**3-14-03 (904) 277-1170**

CR2E037 (10/02)