

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 30, 2001 8:00 am**  
**Secretary of State**

04-30-2001 90121 031 \*\*\*\*61.25

**DOCUMENT # N98000006940**

1. Entity Name

**SHADY CREEK RESIDENTS' ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

**C/O INTERGRATED PROPERTY MANAGEMENT  
 3435 10 STREET NORTH SUITE 201  
 NAPLES FL 34103**

**C/O INTERGRATED PROPERTY MANAGEMENT  
 3435 10 STREET NORTH SUITE 201  
 NAPLES FL 34103**

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

(see attached)

**APPLIED FOR**

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

**SHIELDS, CHRISTOPHER J  
 1833 HENDRY STREET  
 FT. MYERS FL 33902**

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 ☐ Delete  
 NAME **PD**  
 STREET ADDRESS **HAUENSTEIN, CLAIRE**  
 CITY-ST-ZIP **9749 SPRING RUN BLVD.  
 BONITA SPRINGS FL 34135**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME **VD**  
 STREET ADDRESS **ANDERSON, ALLEN**  
 CITY-ST-ZIP **9733 SPRING RUN BLGE.  
 BONITA SPRINGS FL 34135**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME **DTS**  
 STREET ADDRESS **PANGAS, BILL**  
 CITY-ST-ZIP **9805 SPRING RUN BLVD.  
 BONITA SPRINGS FL 34135**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
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 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 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:

**SIGNATURE REQUIRED**

**A. Anderson 4/24/01 941-434-7447**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)

1120-H

U.S. Income Tax Return  
for Homeowners AssociationsAttachment  
DH N98000940  
OMB No. 1545-0127

2000

Department of the Treasury  
Revenue Service

Calendar year 2000 or tax year beginning 01/01, 2000, and ending 12/31, 2000

Name <b>SHADY CREEK RESIDENTS' ASSOC., INC.</b>	Employer identification number (see page 4) <b>APPLIED FOR</b>
Number, street, and room or suite no. (If a P.O. box, see page 4.) <b>C/O IPM, 3435 10TH STREET N, SUITE 201</b>	Date association formed <b>12/08/98</b>
City or town, state, and ZIP code <b>NAPLES, FL 34103</b>	

COPY

Check if: (1) ☐ Final return (2) ☐ Change of address (3) ☐ Amended returnCheck type of homeowners association: ☒ Condominium management association ☐ Residential real estate association ☐ Timeshare association

Total exempt function income. Must meet 60% gross income test (see instructions) . . . . .	B	27,741
Total expenditures made for purposes described in 90% expenditure test (see instructions) . . . . .	C	33,253
Association's total expenditures for the tax year (see instructions) . . . . .	D	33,898
Tax-exempt interest received or accrued during the tax year . . . . .	E	

## Gross Income (excluding exempt function income)

Dividends . . . . .	1	
Taxable interest . . . . .	2	350
Gross rents . . . . .	3	
Gross royalties . . . . .	4	
Capital gain net income (attach Schedule D (Form 1120)) . . . . .	5	
Net gain (or loss) from Form 4797, Part II, line 18 (attach Form 4797) . . . . .	6	
Other income (excluding exempt function income) (attach schedule) . . . . .	7	
Gross income (excluding exempt function income). Add lines 1 through 7 . . . . .	8	350

## Deductions (directly connected to the production of gross income, excluding exempt function income)

Salaries and wages . . . . .	9	
Repairs and maintenance . . . . .	10	
Rents . . . . .	11	
Taxes and licenses . . . . .	12	
Interest . . . . .	13	
Depreciation (attach Form 4562) . . . . .	14	
Other deductions (attach schedule) . . . . .	15	645
Total deductions. Add lines 9 through 15 . . . . .	16	645
Taxable income before specific deduction of \$100. Subtract line 16 from line 8 . . . . .	17	0
Specific deduction of \$100 . . . . .	18	\$100.00

## Tax and Payments

Taxable income. Subtract line 18 from line 17 . . . . .	19	0
Enter 30% of line 19. (Timeshare associations, enter 32% of line 19.) . . . . .	20	0
Tax credits (see instructions) . . . . .	21	
Total tax. Subtract line 21 from line 20. See instructions for recapture of certain credits . . . . .	22	0
Payments: a 1999 overpayment credited to 2000 . . . . . 23a		
b 2000 estimated tax payments 23b		
c Total ▶ 23c		
d Tax deposited with Form 7004 . . . . . 23d		
e Credit for tax paid on undistributed capital gains (attach Form 2439) . . . . . 23e		
f Credit for Federal tax on fuels (attach Form 4136) . . . . . 23f		
g Add lines 23c through 23f . . . . . 23g		
Tax due. Subtract line 23g from line 22. See instructions for depository method of tax payment . . . . .	24	0
Overpayment. Subtract line 22 from line 23g . . . . .	25	0
Enter amount of line 25 you want: Credited to 2001 estimated tax ▶ Refunded ▶	26	0

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Signature of officer

Date

Title

Preparer's  
signature

Date

Check if self-  
employed ☐

Preparer's SSN or PTIN

Firm's name (or  
yours if self-employed)  
address, and ZIP code

WIEBEL, HENNELLS &amp; CARUFE, P.A.

EIN 65-0116709

PO BOX 1658, BONITA SPRINGS, FL 34133

Phone no. 941/992-6211

CLIENT'S COPY