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

DOCUMENT # N98000006940

SHADY CREEK RESIDENTS' ASSOCIATION, INC.



Apr 09, 2003 8:00 am Secretary of State

04-09-2003 90116 033 ****61.25

3435 10 STREET NORTH SUITE, 201			Mailing Address C/O INTERGRATED PROPERTY MANAGEMENT 3435-10 STREET NORTH SUITE 201 NAPLES FL 34103					A	-		(1	
2. Principal l	Place of Business	3. Mail	ing Address			-	i					
Suite, Apt. #, etc.			Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES					
City & Sta	te	Cit	City & State				4. FEI Number 65-0116709			_ 	Applied For Not Applicable	
Zip	Country	Zip		Cou	intry		5. Certificate of St	atus Desired		8.75 Add	ditional	
	6. Name and Address of Current	Registere	d Agent				7. Name and Add	ress of New Red				
1833 HE	, CHRISTOPHER J NDRY STREET RS FL 33902		² E	RIY MAN UTE 201	Name Street A	ddress (f	P.O. Box Number is N					
2	, ,				City				FL	Zip Cod	e	
	e named entity submits this statement for tions of registered agent				······································			the State of Floric		niliar with,	and accept	
	Signature, typed or printed name of registered agent	t and title if appl	icable. (NOTE	: Registered	d Agent signatu	ire required	when reinstating)		DATE			
FILE NOW: FEE IS \$61.25 10. OFFICERS AND DIRECTO			9. Election Campaign Financing Trust Fund Contribution.				\$5.00 May Be Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HAUENSTEIN, CLAIRE 9749 SPRING RUN BLVD. BONITA SPRINGS FL 34135	RECTORIO	⊠ Delete	TITLE NAME STREE		P/D Car 976		, Blvd.		☐ Change	⊠ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ROACH, JOSEPH F 9725 SPRING RUN BLVD BONITA SPRINGS FL 34135	*. * *	☐ Delete							☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DTS PANGAS, BILL 9805 SPRING RUN BLVD. BONITA SPRINGS FL 34135	T 124 TH 11	Delete			· .			· · · · · · · · · · · · · · · · · · ·	☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete				-		C	Change	Addition	
TITLE NAME STREET ADDRESS CITY: ST-ZIP			☐ Delete				·		С] Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete		ŀ	-	-		C	☐ 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.

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