

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 11, 2004 8:00 am
Secretary of State

02-11-2004 90018 030 ****61.25



DOCUMENT # 736753
 1. Entity Name
SHADOW BROOK CONDOMINIUM OWNER'S ASSOCIATION, INC.

Principal Place of Business: **6710 ELLENTON-GILLETTE RD. PALMETTO FL 34220 US**
 Mailing Address: **P.O. 126 PALMETTO FL 34220-126 US**

2. Principal Place of Business: Suite, Apt. #, etc.
 3. Mailing Address: Suite, Apt. #, etc.

City & State: _____
 City & State: _____

Zip: _____ Country: _____ Zip: _____ Country: _____



MOORE CR2E037 (11/03)

4. FEI Number: **59-1947686** Applied For: Not Applicable:

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

6. Name and Address of Current Registered Agent
FREEDOM PROPERTIES INC
1720 MANATEE AVE W
BRADENTON FL 34205

7. Name and Address of New Registered Agent
 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25 Due By May 1, 2004

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 ASST. SEC BRICKERT, DOUG	<input type="checkbox"/> Delete	TITLE NAME Lorraine Rings 6710 Ellenton-Gillette #76	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 6710 ELLENTON GILLETTE #2		STREET ADDRESS Palmetto, FL 34221	
CITY-ST-ZIP PALMETTO FL 34221		CITY-ST-ZIP Palmetto, FL 34221	
TITLE NAME HINKSON, LEROY	<input type="checkbox"/> Delete	TITLE NAME Linda Roth	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 6710 ELLENTON GILLETTE RD #113		STREET ADDRESS 6710 Ellenton-Gillette Rd #113	
CITY-ST-ZIP PALMETTO FL 34221		CITY-ST-ZIP Palmetto, FL 34221	
TITLE NAME STEPHENS, JOHN	<input checked="" type="checkbox"/> Delete	TITLE NAME Anthony Siemianko	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 1020 10TH AVE. W.		STREET ADDRESS 6710 Ellenton-Gillette #273	
CITY-ST-ZIP PALMETTO FL 34221		CITY-ST-ZIP Palmetto, FL 34221	
TITLE NAME SD SANDIGE, NELDA	<input checked="" type="checkbox"/> Delete	TITLE NAME Asst T Joe Bologn9	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 6710 ELLENTON GILLETTE RD. #338		STREET ADDRESS 6710 Ellenton-Gillette #370	
CITY-ST-ZIP PALMETTO FL 34221		CITY-ST-ZIP Palmetto, FL 34221	
TITLE NAME AT HOWARD, LEE	<input checked="" type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 6710 ELLENTON-GILLETTE RD #13		STREET ADDRESS	
CITY-ST-ZIP PALMETTO FL		CITY-ST-ZIP	
TITLE NAME P BEALL, HOMER	<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 6710 ELLENTON GILLETTE RD #322		STREET ADDRESS	
CITY-ST-ZIP PALMETTO FL 34221		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 *Homer H. Beall Jr.* **Homer H Beall Jr** 62-05-04 722-7632
 SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #