


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2005 8:00 am
Secretary of State

03-04-2005 90096 021 ****61.25

DOCUMENT # N04000012123

1. Entity Name
SHALLOW REED PROPERTY OWNERS ASSOCIATION, INC.



Principal Place of Business
**208 MONUMENT AVE.
 PORT ST. JOE, FL 32456-1816**

Mailing Address
**P.O. BOX 280
 PORT ST. JOE, FL 32457-0280**

66010918



2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

02072005 Chg-NP CR2E037 (10/03)

4. FEI Number
25-1913985

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**LEEBRICK, BRIAN D ESQ.
 220 MCKENZIE AVE.
 PANAMA CITY, FL 32401**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

Filing Fee is **\$61.25** Due by **May 1, 2005**

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

TITLE	D	<input type="checkbox"/> Delete
NAME	WARRINER, DAVID	
STREET ADDRESS	208 MONUMENT AVE.	
CITY-ST-ZIP	PORT ST. JOE, FL 324561816	
TITLE	D	<input type="checkbox"/> Delete
NAME	PICKETT, RONALD	
STREET ADDRESS	208 MONUMENT AVE.	
CITY-ST-ZIP	PORT ST. JOE, FL 324561816	
TITLE	D	<input type="checkbox"/> Delete
NAME	BROWN, DAVID	
STREET ADDRESS	208 MONUMENT AVE.	
CITY-ST-ZIP	PORT ST. JOE, FL 324561816	
TITLE	D	<input type="checkbox"/> Delete
NAME	CARROLL, LARRY	
STREET ADDRESS	208 MONUMENT AVE.	
CITY-ST-ZIP	PORT ST. JOE, FL 324561816	
TITLE	D	<input type="checkbox"/> Delete
NAME	TUCKER, MIKE	
STREET ADDRESS	208 MONUMENT AVE.	
CITY-ST-ZIP	PORT ST. JOE, FL 324561816	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *David Warriner* **David Warriner** **03/02/05** **850 224-1111**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR