


**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 09, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N04000012123</b>	
1. Entity Name <b>SHALLOW REED PROPERTY OWNERS ASSOCIATION, INC.</b>	

Principal Place of Business <b>208 MONUMENT AVE. PORT ST. JOE, FL 32456-1816</b>	Mailing Address <b>P.O. BOX 260 PORT ST. JOE, FL 32457-0280</b>
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**DO NOT WRITE IN THIS SPACE**



02272006 No Chg-NP CR2E037 (11/05)

4. FEI Number <b>25-1913985</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  <b>LEEBRICK, BRIAN D ESQ. 220 MCKENZIE AVE. PANAMA CITY, FL 32401</b>
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IN THIS SPACE**

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 \_\_\_\_\_

**Filing Fee is \$61.25  
Due by May 1, 2006**


9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WARRINER, DAVID 208 MONUMENT AVE. PORT ST. JOE, FL 324561816
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PICKETT, RONALD 208 MONUMENT AVE. PORT ST. JOE, FL 324561816
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BROWN, DAVID 208 MONUMENT AVE. PORT ST. JOE, FL 324561816
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CARROLL, LARRY 208 MONUMENT AVE. PORT ST. JOE, FL 324561816
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TUCKER, MIKE 208 MONUMENT AVE. PORT ST. JOE, FL 324561816
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000461275  
03/20/06-80043-015 61.25

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:**  **3/6/06** **850 227-1111**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #