
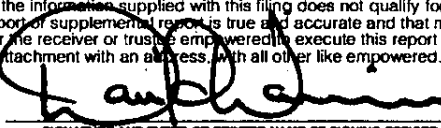


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2007 8:00 am
Secretary of State

04-09-2007 90058 014 ****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		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 25-1913985	
				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
LEEBRICK, BRIAN D ESQ. 220 MCKENZIE AVE. PANAMA CITY, FL 32401			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	WARRINER, DAVID		NAME		
STREET ADDRESS	208 MONUMENT AVE.		STREET ADDRESS		
CITY-ST-ZIP	PORT ST. JOE, FL 324561816		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	PICKETT, RONALD		NAME		
STREET ADDRESS	208 MONUMENT AVE.		STREET ADDRESS		
CITY-ST-ZIP	PORT ST. JOE, FL 324561816		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BROWN, DAVID		NAME		
STREET ADDRESS	208 MONUMENT AVE.		STREET ADDRESS		
CITY-ST-ZIP	PORT ST. JOE, FL 324561816		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	CARROLL, LARRY		NAME		
STREET ADDRESS	208 MONUMENT AVE.		STREET ADDRESS		
CITY-ST-ZIP	PORT ST. JOE, FL 324561816		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	TUCKER, MIKE		NAME		
STREET ADDRESS	208 MONUMENT AVE.		STREET ADDRESS		
CITY-ST-ZIP	PORT ST. JOE, FL 324561816		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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 of 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 P. Warriner		3/27/07	
		Date		850 227-1111	
		SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	