


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 22, 2008 08:00 AM**  
**Secretary of State**

**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

**DO NOT WRITE IN THIS SPACE**



01142008 No Chg-NP CR2E037 (4/06)

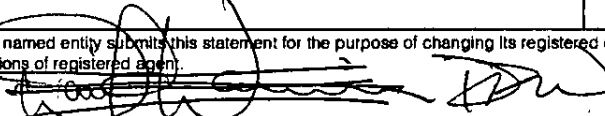
4. FEI Number 25-1913985	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE 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:  DATE: 4/17/08

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, 2008**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

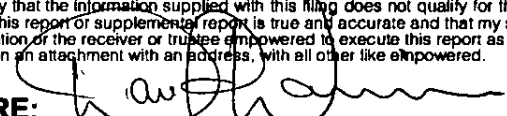
000000914464  
 05/09/08-80058-010 61.25

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 TUCKER, MIKE 208 MONUMENT AVE. PORT ST. JOE, FL 324561816
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE 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:  DATE: 4/17/08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #