

**2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Feb 18, 2009  
Secretary of State**

DOCUMENT# N04000012123

Entity Name: SHALLOW REED PROPERTY OWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

208 MONUMENT AVE.  
PORT ST. JOE, FL 324561816

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 280  
PORT ST. JOE, FL 324570280

**New Mailing Address:**

FEI Number: 25-1913985      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: D      ( ) Delete  
Name: WARRINER, DAVID  
Address: 208 MONUMENT AVE.  
City-St-Zip: PORT ST. JOE, FL 324561816

Title: D      ( ) Delete  
Name: PICKETT, RONALD  
Address: 208 MONUMENT AVE.  
City-St-Zip: PORT ST. JOE, FL 324561816

Title: D      ( ) Delete  
Name: TUCKER, MIKE  
Address: 208 MONUMENT AVE.  
City-St-Zip: PORT ST. JOE, FL 324561816

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVID WARRINER

D

02/18/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date