FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 01, 1999 8:00 am
Secretary of State
03-01-1999 90098 042 ****61.25

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DOCUMENT # N22506

1. Corporation Name

SHANNON HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
% CHARLES T. TEASLEY 4016 SHADY OAK COURT LAKE MARY FL	P.O. BOX 951544 LAKE MARY FL 32795-1544

2. Principal Place of Business
21 4013 Shady Oak Ct
22 Suite, Apt. #, etc.
23 City & State: Lake Mary Fl
24 Zip: 32746 25 Country: Seminole

2a. Mailing Address
26
27 Suite, Apt. #, etc.
28 City & State
29 Zip 30 Country

3. Date Incorporated or Qualifed: 09/16/1987

4. FEI Number: 59-3261556 ☐ Applied For ☐ Not Applicable

5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

BAHR, BILL
4013 SHADY OAK CT
LAKE MARY FL 32746

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.		
TITLE	PD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	BAHR, BILL		1.2 NAME		
STREET ADDRESS	4013 SHADY OAK CT		1.3 STREET ADDRESS		
CITY-ST-ZIP	LAKE MARY FL 32746		1.4 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	REYES, RICHARD		2.2 NAME		
STREET ADDRESS	3600 WIMBLEDON DR		2.3 STREET ADDRESS		
CITY-ST-ZIP	LAKE MARY FL 32746		2.4 CITY-ST-ZIP		
TITLE	SD	☒ DELETE	3.1 TITLE	TD	☐ Change ☒ Addition
NAME	PROUDFOOT, CHRIS		3.2 NAME	Heinrich, Carolyn	
STREET ADDRESS	4016 SHADY OAK CT		3.3 STREET ADDRESS	3011 Wimbledon Drive	
CITY-ST-ZIP	LAKE MARY FL 32746		3.4 CITY-ST-ZIP	Lake Mary, Fl 32746	
TITLE	TD	☐ DELETE	4.1 TITLE	SD	☒ Change ☐ Addition
NAME	BECK, CHERYL		4.2 NAME		
STREET ADDRESS	3910 WIMBLEDON DR		4.3 STREET ADDRESS		
CITY-ST-ZIP	LAKE MARY FL 32746		4.4 CITY-ST-ZIP		
TITLE	MD	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	O'KEEFE, SHARON		5.2 NAME		
STREET ADDRESS	3700 WIMBLEDON DR		5.3 STREET ADDRESS		
CITY-ST-ZIP	LAKE MARY FL 32746		5.4 CITY-ST-ZIP		
TITLE	MD	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	PALMER, KATHLEEN		6.2 NAME		
STREET ADDRESS	4004 SHADY OAK CT		6.3 STREET ADDRESS		
CITY-ST-ZIP	LAKE MARY FL 32746		6.4 CITY-ST-ZIP		

CR2E037 (11/98)

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Carolyn Heinrich REQUIRED Carolyn Heinrich 1/13/99 407-805-9226
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Treasurer