

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 17, 2006 08:00 AM
Secretary of State

DOCUMENT # N22506

1. Entity Name
SHANNON HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business
 PO BOX 951544
 LAKE MARY, FL 32746 US

Mailing Address
 P.O. BOX 951544
 LAKE MARY, FL 32795-1544 US



01112006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
 NOT APPLICABLE Applied Fee Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DURRANCE, FRANK M
 3721 WIMBLEDON DR
 LAKE MARY, FL 32744

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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

Signature, typed or printed name of registered agent and title if applicable.

(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. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	KIOUKIS, DIMITRIOS
STREET ADDRESS	3810 WIMBLEDON
CITY-ST-ZIP	LAKE MARY, FL 32746
TITLE	T
NAME	DURRANCE, FRANK
STREET ADDRESS	3721 WIMBLEDON DR
CITY-ST-ZIP	LAKE MARY, FL 32746
TITLE	VP
NAME	CATO, LAURA
STREET ADDRESS	4009 SHADY OAK CT
CITY-ST-ZIP	LAKE MARY, FL 32746
TITLE	M
NAME	DUVALL-RUBIN, MICHELLE
STREET ADDRESS	4017 SHADY OAK CT
CITY-ST-ZIP	LAKE MARY, FL 32746
TITLE	S
NAME	DAVENPORT, LAURI
STREET ADDRESS	3800 WIMBLEDON DR
CITY-ST-ZIP	LAKE MARY, FL 32746
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

01/23/06-80005-023 61.25

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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 changed, or on an attachment with an address, with all prior like empowerments.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/10/2006 407 342-9739
 Date Daytime Phone #