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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N96000003165 (5)

1. Corporation Name SHADOW OAKS EAST HOMEOWNERS' ASSOCIATION, INC.



Principal Place of Business 27437 STATE ROAD 54 WEST WESLEY CHAPEL FL 33544 Mailing Address 27437 STATE ROAD 54 WEST WESLEY CHAPEL FL 33543-9129

3. Date Incorporated or Qualified 06/12/1996 3a. Date of Last Report 4. FEI Number [X] Applied For [] Not Applicable 5. Certificate of Status Desired [] \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution [] \$5.00 May Be Added to Fees 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes [X] Yes [] No

9. Name and Address of Current Registered Agent REIBER, JACOB I 27437 STATE ROAD 54 WEST WESLEY CHAPEL FL 33544 10. Name and Address of New Registered Agent B1 Name Jacob I. Reiber B2 Street Address (P.O. Box Number is Not Acceptable) 27429 State Road 54 West B3 B4 City Wesley Chapel FL B5 Zip Code 33544

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

Table with 2 columns: 12. OFFICERS AND DIRECTORS, 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. Rows include Wild, Johnny L; McConnell, Randall J; McConnell, Kim.

14. I do 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.

SIGNATURE: SIGNATURE REQUIRED Johnny L. Wild 3/25/97 813-991-7717 Johnny L. Wild Daytime Phone # 0045980

CR2E037 (9/96)