

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 05, 2004 8:00 am
Secretary of State

03-05-2004 90006 034 ****61.25



DOCUMENT # N96000003285
 1. Entity Name
SHADYCREEK PROPERTY OWNERS ASSOCIATION, INC.

Principal Place of Business
**3733 SOUTH TUTTLE AVENUE
 SARASOTA, FL 34239**

Mailing Address
**3733 SOUTH TUTTLE AVENUE
 SARASOTA, FL 34239**

2. Principal Place of Business
**3277 Fruitville Road, Unit F
 Suite, Apt. #, etc. 34237**

3. Mailing Address
**3277 Fruitville Road, Unit F
 Suite, Apt. #, etc. 34237**

City & State
Sarasota, FL

City & State
Sarasota, FL

Zip
34237

Country
USA

02182004 Chg-NP CR2E037 (10/03)

4. FEI Number
65-0701053

Applied For
 Not Applicable

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



6. Name and Address of Current Registered Agent
**ROBBINS, HARRY
 3733 SOUTH TUTTLE AVENUE
 SARASOTA, FL 34239**

7. Name and Address of New Registered Agent

Name
Larry Sewell

Street Address (P.O. Box Number is Not Acceptable)
3277 Fruitville Road, Unit F

City
Sarasota

State
FL

Zip Code
34237

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 **Larry Sewell** DATE **2/23/04**

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

**Filing Fee is \$61.25
 Due by May 1, 2004**

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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE PD	ROBBINS, HARRY	<input checked="" type="checkbox"/> Delete
STREET ADDRESS 2408 ADAGIO WAY	SARASOTA, FL 34231	
TITLE VD	SHAFFER, BETTY J	<input checked="" type="checkbox"/> Delete
STREET ADDRESS 2415 ADAGIO WAY	SARASOTA, FL 34231	
TITLE STD	AMONTREE, EVA	<input checked="" type="checkbox"/> Delete
STREET ADDRESS 3850 TANGIER TERRACE	SARASOTA, FL 34239	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD	Larry Sewell	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 2412 Adagio Way	Sarasota, FL 34231	
TITLE S/T	Holli D. Bortz	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 2401 Adagio Way	Sarasota, FL 34231	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: **Larry Sewell** DATE **2/23/04** DAYTIME PHONE # **941-365-5111**

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