

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000006077

FILED
Apr 12, 2004
Secretary of State

Entity Name: SHACKELFORD ESTATES HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

LENOIR CT
PLANT CITY, FL 33566

New Principal Place of Business:

Current Mailing Address:

5309 LENOIR CT
PLANT CITY, FL 33566

New Mailing Address:

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

MATHEW, GEORGE
5306 LENOIR COURT
PLANT CITY, FL 33566 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: PD () Delete
Name: FRASIER, RANDALL
Address: 5309 LENOIR CT
City-St-Zip: PLANT CITY, FL 33566

Title: SD () Delete
Name: HALL, MARY
Address: 5305 LENOIR CT
City-St-Zip: PLANT CITY, FL 33566

Title: D () Delete
Name: MATHEW, GEORGE
Address: 5306 LENOIR CT
City-St-Zip: PLANT CITY, FL 33566

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 for the exemption stated in Section 119.07(3)(i), 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: GEORGE MATHEW

D

04/12/2004

Electronic Signature of Signing Officer or Director

_____ Date