2005 NOT-FOR-PROFIT CORPORATION

ANNUAL REPORT

DOCUMENT # N97000006077



FILED Apr 01, 2005 8:00 am Secretary of State 04-01-2005 90014 043 ****61.25

Plant City, FL 33566 Plant City, FL 3566	SHACKELFORD ESTATES HOMEOWNERS' ASSOCIATION, INC.					-2003 30014 0	45 01	1.23
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S. Name and Address of Current Registered Agent 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Name Name Name	City & State C		City & State	ity & State		BLE	_ 	
NATHEW, GEORGE 5306 LENOIR COURT PLANT CITY, FL 33566 8. The above named entity submits this statement for the purpose of charging its registered office or registered agent, or both, in the State of Florida. I am harmidar with, and accept the deligations of registered agent, or both, in the State of Florida. I am harmidar with, and accept the deligations of registered agent, or both, in the State of Florida. I am harmidar with, and accept the deligations of registered agent, or both, in the State of Florida. I am harmidar with, and accept the deligations of registered agent, or both, in the State of Florida. I am harmidar with, and accept the deligations of registered agent, or both, in the State of Florida. I am harmidar with, and accept the deligations of registered agent, or both, in the State of Florida. I am harmidar with, and accept the deligations of registered agent, or both, in the State of Florida. I am harmidar with, and accept the deligations of registered agent, or both, in the State of Florida. I am harmidar with, and accept the deligations of registered agent, or both, in the State of Florida. I am harmidar with, and accept the deligations of registered agent, or both, in the State of Florida. I am harmidar with, and accept the deligations of registered agent, or both, in the State of Florida. I am harmidar with, and accept the deligations of registered agent, or both, in the State of Florida. I am harmidar with, and accept the deligations of registered agent, or both, in the State of Florida. I am harmidar with, and accept the deligation of registered agent, or both, in the State of Florida. I am harmidar with, and accept the deligation of registered agent, or both, in the State of Florida. I am harmidar with, and accept the deligation of registered agent, or both, in the State of Florida. I am harmidar with, and accept the deligation of registered agent, or both, in the State of Florida. I am harmidar with, and accept the deligation of Florida. I am harmidar with, and accept the floridary in t	Zip	Country	Zip	Country	5. Certificate of Status	Desired		
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Signature Control of the purpose of changing its registered agent, or both, in the State of Florida. I am hamiliar with, and accept the obligations of registered agent. Signature Filing Fee is \$81.25 19. Election Campaign Financing Trust Fund Controllation. April 19. Election Campaign Financing Fund Controllation. April 19. Election Campaign Financing Fund Fund Fund Fund Fund Fund Fund Fund	MATHEM CEORCE			Name	. -			1
E. 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 hamiliar with, and accept the deligations of registered agent. SIGNATURE SIGNATURE SIGNATURE FILING Foe is \$81.25 Due by May 1, 2003 FUND For Institute Contribution. PO FICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE PD AND CITY ST. 29 FLANT CITY FL 33566 TUE STORY STREET ADDRESS STRE	5306 LENOIR COURT			Street Addre	Street Address (P.O. Box Number is Not Acceptable)			
B. 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 private name of registered agent and 1604 apolicube. Filling Fee is 861.25 Due by May 1, 2005 Filling Fee is 861.25 Due by May 1, 2005 Trust Fund Contribution. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE NAME STREET ADDRESS TITLE NAME STREET ADDRESS TOTY-ST-2P PLANT CITY, FL 33566 Dedde TITLE NAME STREET ADDRESS TOTY-ST-2P PLANT CITY, FL 33566 TOTH ST-2P TITLE NAME STREET ADDRESS TOTY-ST-2P PLANT CITY, FL 33566 TOTY-ST-2P TOTE TOTE NAME STREET ADDRESS TOTY-ST-2P TOTY-ST-2P TOTE NAME STREET ADDRESS TOTY-ST-2P TOTT TOTT NAME STREET ADDRESS TO	1 5 447 61	, . 2 3333						
SIGNATURE Signature, tread or protect name of legistered agent and side if application. (NOTE Registered Apent Signature required when renationn) DATE				City		FL	Zip Code	9
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	i SIRCE (AUURESS)	1		STREET ADDRESS				
12. Thereby certify that the information supplied with this limit does not quality for the exchiption stated in this record to supplied the state and accurate and that my signature shall have the same legal effect as if made under oath; that I am an office or director								1

indicated on this report of supplemental report is true and accurate and that my signature shall have the same legal effect as it made under oath; that I am an officer of director of the corporation or the receiver consistee 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-30-05 8(3-610-2826 Daytime Phone #