

**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 24, 2006 08:00 AM**  
**Secretary of State**

DOCUMENT # N97000006077  
 1. Entity Name  
 SHACKELFORD ESTATES HOMEOWNERS' ASSOCIATION, INC.



Principal Place of Business: LENOIR CT, PLANT CITY, FL 33566  
 Mailing Address: 5309 LENOIR CT, PLANT CITY, FL 33566



04192006 No Chg-NP CR2E037 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number: NOT APPLICABLE  
 5. Certificate of Status Desired:  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
 MATHEW, GEORGE  
 5306 LENOIR COURT  
 PLANT CITY, FL 33566

**DO NOT WRITE IN THIS SPACE**

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

1000000531326  
 05/06/06-80037-010 61.25

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	ANDRE, ABBY
STREET ADDRESS	5314 LENOIR CT
CITY-ST-ZIP	PLANT CITY, FL 33566
TITLE	SD
NAME	FRASIER, RANDALL
STREET ADDRESS	5309 LENOIR CT
CITY-ST-ZIP	PLANT CITY, FL 33566
TITLE	D
NAME	MATHEW, GEORGE
STREET ADDRESS	5306 LENOIR CT
CITY-ST-ZIP	PLANT CITY, FL 33566
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Randall P. Frasier Randall P. Frasier 4-21-06 813-752-5173  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #