

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000006077

FILED  
Mar 23, 2009  
Secretary of State

Entity Name: SHACKELFORD ESTATES HOMEOWNERS' ASSOCIATION, INC.

**Current Principal Place of Business:**

5309 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: 20-8653856

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

FRAISER, RANDALL P  
5309 LENOIR CT  
PLANT CITY, FL 33566 US

**Name and Address of New Registered Agent:**

FRASIER, RANDALL P  
5309 LENOIR CT  
PLANT CITY, FL 33566 US

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: RANDALL P. FRASIER

03/23/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: ANDRE, ABBY  
Address: 5318 LENOIR CT  
City-St-Zip: PLANT CITY, FL 33566

Title: SD ( ) Delete  
Name: FRASIER, RANDALL  
Address: 5309 LENOIR CT  
City-St-Zip: PLANT CITY, FL 33566

Title: D (X) Delete  
Name: COOK, KIM  
Address: 5305 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 exemption stated 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 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: RANDALL P. FRASIER

SD

03/23/2009

Electronic Signature of Signing Officer or Director

Date