

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000006404

FILED
Feb 10, 2004
Secretary of State

Entity Name: SHAKETT ISLAND HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

858 HILLCREST DR
NOKOMIS, FL 34275

New Principal Place of Business:

854 HILLCREST DR
NOKOMIS, FL 34275

Current Mailing Address:

PO BOX 297
LAUREL, FL 34272

New Mailing Address:

PO BOX 222
LAUREL, FL 34272

FEI Number: 65-0794345

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MATTERA, SUZANNE
857 HILLCREST DRIVE
NOKOMIS, FL 34275

Name and Address of New Registered Agent:

GONTER, PAUL
898 HILLCREST DRIVE
NOKOMIS, FL 34275

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: PAUL GONTER

02/10/2004

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: SD () Delete
Name: NOVAK, THADDEUS
Address: 849 HILLCREST DRIVE
City-St-Zip: NOKOMIS, FL 34275

Title: PD () Delete
Name: LITZ, CHRIS
Address: 890 HILLCREST DR.
City-St-Zip: NOKOMIS, FL 34275

Title: T () Delete
Name: MATTERA, SUZANNE
Address: 853 HILLCREST DRIVE
City-St-Zip: NOKOMIS, FL 34275

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PTD (X) Change () Addition
Name: SALENTINE, DAVID L
Address: 854 HILLCREST DRIVE
City-St-Zip: NOKOMIS, FL 34275

Title: VD (X) Change () Addition
Name: PETERSON, DAVID
Address: 858 HILLCREST DR.
City-St-Zip: NOKOMIS, FL 34275

Title: SD (X) Change () Addition
Name: GONTER, PAUL
Address: 898 HILLCREST DRIVE
City-St-Zip: NOKOMIS, FL 34275

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: DAVID L SALENTINE

PTD

02/10/2004

Electronic Signature of Signing Officer or Director

Date