

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Mar 14, 2007
Secretary of State**

DOCUMENT# N97000006404

Entity Name: SHAKETT ISLAND HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

854 HILLCREST DR
NOKOMIS, FL 34275

New Principal Place of Business:

Current Mailing Address:

PO BOX 222
LAUREL, FL 34272

New Mailing Address:

FEI Number: 65-0794345 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GONTER, PAUL
898 HILLCREST DRIVE
NOKOMIS, FL 34275 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: PTD () Delete
Name: SALENTINE, DAVID L
Address: 854 HILLCREST DRIVE
City-St-Zip: NOKOMIS, FL 34275

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

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

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 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: DAVID SALENTINE

P

03/14/2007

Electronic Signature of Signing Officer or Director

_____ Date