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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N98000002364

1. Corporation Name

SHADOW OAKS ESTATES PROPERTY OWNERS' ASSOCIATION
, INC.

Principal Place of Business

2033 MAIN STREET #101
SARASOTA FL 34237

Mailing Address

2033 MAIN STREET #101
SARASOTA FL 34237



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

04/22/1998

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number

65-0833527

Applied For

Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

23 Zip

Country

28 Zip

Country

6. Election Campaign Financing

\$5.00 May Be
Added to Fees

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PFLUGNER, J G
2033 MAIN STREET #101
SARASOTA FL 34237

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD DELETE

NAME CASSATA, FRANK
STREET ADDRESS C/O 200 WEST MAIN STREET
CITY-ST-ZIP BABYLON NY 11702

1.1 TITLE Change Addition

TITLE STD DELETE

NAME COMPARETTO, MARIO
STREET ADDRESS 4647 STONERIDGE TRAIL
CITY-ST-ZIP SARASOTA FL 34232

2.1 TITLE Change Addition

TITLE VD DELETE

NAME ROSENBERG, HAROLD R
STREET ADDRESS 110 WHISPERING OAKS COURT
CITY-ST-ZIP SARASOTA FL 34232

3.1 TITLE Change Addition

TITLE VP DELETE

NAME J. Geoffrey Pflugner
STREET ADDRESS 2033 Main Street, Suite 101
CITY-ST-ZIP Sarasota, FL 34237

4.1 TITLE Change Addition

TITLE DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE Change Addition

TITLE DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE Change Addition

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13, 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

Date

Daytime Phone #

2/4/99 541-366-5707

CR2E037 (1/198)