


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2004 08:00 AM
Secretary of State

DOCUMENT # N98000002364
 1. Entity Name
 SHADOW OAKS ESTATES PROPERTY OWNERS' ASSOCIATION, INC.



Principal Place of Business SHADOW OAKS ESTATES SARASOTA, FL 34234	Mailing Address 6732 DUCK POND LA SARASOTA, FL 34240
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01152004 No Chg-NP CR2E037 (10/03)

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4. FEI Number 65-0833527	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 WALTERS, JOEL W
 1515 RINGLING BLVD - STE 900
 SARASOTA, FL 34236

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25
Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD MASE, DAVE 6717 WILLOW POND LN. SARASOTA, FL 34240
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TRES ANTOVEL, ROBERT L 6732 DUCK POND LANE SARASOTA, FL 34240
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD LANE, DAVID 6688 DUCK POND LANE SARASOTA, FL 34240
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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 01/23/04-80007-005 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 officers empowered.

SIGNATURE: *Robert Antovel* Robert Antovel 1/20/04 366-2301
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #