

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Jun 30, 2005
Secretary of State**

DOCUMENT# N98000002364

Entity Name: SHADOW OAKS ESTATES PROPERTY OWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

SHADOW OAKS ESTATES
SARASOTA, FL 34234

New Principal Place of Business:

Current Mailing Address:

6732 DUCK POND LA
SARASOTA, FL 34240

New Mailing Address:

FEI Number: 65-0833527 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

WALTERS, JOEL W
1515 RINGLING BLVD - STE 900
SARASOTA, FL 34236 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: STD (X) Delete
Name: MASE, DAVE
Address: 6717 WILLOW POND LN.
City-St-Zip: SARASOTA, FL 34240

Title: TRES () Delete
Name: ANTOVEL, ROBERT L
Address: 6732 DUCK POND LANE
City-St-Zip: SARASOTA, FL 34240

Title: PD () Delete
Name: LANE, DAVID
Address: 6688 DUCK POND LANE
City-St-Zip: SARASOTA, FL 34240

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 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: ROBERT ANTOVEL

TRES

06/30/2005

Electronic Signature of Signing Officer or Director

_____ Date