


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 11, 2007 8:00 am
Secretary of State

01-11-2007 90049 045 ****61.25

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

2. Principal Place of Business - No P.O. Box #
 SHADOW OAKS ESTATES
 Suite, Apt. #, etc.

3. Mailing Address
 6733 WILLOW POND LN
 Suite, Apt. #, etc.

City & State
 SARASOTA, FL

City & State
 SARASOTA, FL

Zip
 34240

Country
 USA

Zip
 34240

Country
 USA

40001330



01082007 Chg-NP CR2E037 (12/06)

4. FEI Number
 65-0833527

Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WALTERS, JOEL W
 1515 RINGLING BLVD - STE 900
 SARASOTA, FL 34236

7. Name and Address of New Registered Agent

Name

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

City **FL** Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25
Due by May 1, 2007

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

Make check payable to Florida Department of State

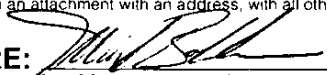
10. OFFICERS AND DIRECTORS

TITLE	TRES	<input checked="" type="checkbox"/> Delete
NAME	ANTOVEL, ROBERT L	
STREET ADDRESS	6732 DUCK POND LANE	
CITY - ST - ZIP	SARASOTA, FL 34240	
TITLE	PD	<input type="checkbox"/> Delete
NAME	LANE, DAVID	
STREET ADDRESS	6688 DUCK POND LANE	
CITY - ST - ZIP	SARASOTA, FL 34240	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BOHLMAN, MARK D.	
STREET ADDRESS	6733 WILLOW POND LN	
CITY - ST - ZIP	SARASOTA, FL 34240	
TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HARDY, KATHARINE L.	
STREET ADDRESS	6718 WILLOW POND LN.	
CITY - ST - ZIP	SARASOTA, FL 34240	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 other like empowered.

SIGNATURE:  MARK BOHLMAN
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-9-07 941-342-3624
 Date Daytime Phone #