


**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Feb 12, 2004 8:00 am
Secretary of State

02-12-2004 90038 045 ****61.25

DOCUMENT # N99000002869			
1. Entity Name SHADOW OAKS II PROPERTY OWNERS' ASSOCIATION, INC.			
Principal Place of Business 3131 SHADOW OAKS DR HOLIDAY FL 34690 US		Mailing Address 3131 SHADOW OAKS DR HOLIDAY FL 34690 US	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



MOORE CR2E037 (11/03)

4. FEI Number 59-3592238		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent CLOUSER, LYNN MR 3131 SHADOW OAKS DRIVE HOLIDAY FL 34690		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 _____

FILE NOW: FEE IS \$61.25 Due By May 1, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: P NAME: CLOUSER, LYNN MR STREET ADDRESS: 3131 SHADOW OAKS DRIVE CITY-ST-ZIP: HOLIDAY FL 34690	<input type="checkbox"/> Delete	TITLE: S NAME: SKRELUNAS, CHRISTINA STREET ADDRESS: 5826 LENMAR CT CITY-ST-ZIP: HOLIDAY FL 34690	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: VP NAME: CLARK, ANN STREET ADDRESS: 5749 LENMAR CT CITY-ST-ZIP: HOLIDAY FL 34690	<input type="checkbox"/> Delete	TITLE: D NAME: DURNELL, WILLIAM STREET ADDRESS: 5815 LENMAR CT CITY-ST-ZIP: HOLIDAY FL 34690	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: ST NAME: PHILLIPS, CARRIE STREET ADDRESS: 5834 LENMAR CT CITY-ST-ZIP: HOLIDAY FL 34690	<input checked="" type="checkbox"/> Delete	TITLE: T NAME: PHILLIPS, CARRIE STREET ADDRESS: 5834 LENMAR CT CITY-ST-ZIP: HOLIDAY FL 34690	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: D NAME: RUPP, LISA STREET ADDRESS: 5748 LENMAR CT CITY-ST-ZIP: HOLIDAY FL 34690	<input type="checkbox"/> Delete	TITLE: D NAME: MATTHEWS, BEVERLY STREET ADDRESS: 5853 LENMAR CT CITY-ST-ZIP: HOLIDAY FL 34690	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: D NAME: VAN METER, PEG STREET ADDRESS: 5820 LENMAR CT CITY-ST-ZIP: HOLIDAY FL 34690	<input checked="" type="checkbox"/> Delete	TITLE: D NAME: THIEMANN, ERICH STREET ADDRESS: 5814 LENMAR CT CITY-ST-ZIP: HOLIDAY FL 34690	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: D NAME: KRISTON, GEORGE STREET ADDRESS: 3123 SHADOW OAKS DRIVE CITY-ST-ZIP: HOLIDAY FL 34690	<input checked="" type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 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 Lynn Clouser LYNN CLOUSER 2-5-04/727-938-9862
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #