

**FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00**

**FILED**

**Apr 30 1997 8:00am  
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Northam</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P92000010962 (8)**  
1. Corporation Name  
**SHADOW BROOK WATER AND SEWER MANAGEMENT, INC.**



Principal Place of Business <b>6710 ELLENTON GILLETTE RD., #400 PALMETTO FL 34221 US</b>	Mailing Address <b>6710 ELLENTON GILLETTE RD. #400 PALMETTO FL 34221-9666 US</b>
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3. Date Incorporated or Qualified <b>12/08/1992</b>	3a. Date of Last Report <b>05/01/1996</b>
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24	2a. Mailing Address 25 P.O. BOX 126 26 Suite, Apt. #, etc. 27 City & State 28 PALMETTO, FL 29 Zip Country 30 34220 MANATEE
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4. FEI Number <b>59-3163919</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent  
**FREEDOM PROPERTIES, INC.  
410 OLD MAIN STREET W.  
BRANDETON FL 34236**

10. Name and Address of New Registered Agent  
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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
8. Provide typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP OGERT, WILLIAM 6710 ELLENTON GILLETTE RD., #221 PALMETTO FL	<input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT KUNZLE, JOHN 6710 ELLENTON GILLETTE RD., #10 PALMETTO FL	<input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WHITE, CHARLES 6710 ELLENTON GILLETTE RD. # 57 PALMETTO FL	<input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS REEVE, CECIL B. 6710 ELLENTON GILLETTE RD., #80 PALMETTO FL	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP WILLIAM MALLORY 6710 ELLENTON GILLETTE RD. #246 PALMETTO FL	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

DP MALLORY, WILLIAM 6710 ELLENTON-GILLETTE RD #246 PALMETTO, FL	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
DV SETTLE, PAUL 6710 ELLENTON-GILLETTE RD #169 PALMETTO, FL	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
DS REEVE, CECIL 6710 ELLENTON-GILLETTE RD #89 PALMETTO, FL	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
DT WHITE, CHARLES 6710 ELLENTON-GILLETTE RD #57 PALMETTO, FL	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
D CONNER, PAUL 6710 ELLENTON-GILLETTE RD #183 PALMETTO, FL	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Cecil B. Reeve **CECIL B. REEVE-4/25/97** (941) 729-1729

CR2E034 (9/96)