

FILE NOW: FILING FEE IS \$61.25

FILED
Apr 10 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N96000003165 (5)

1. Corporation Name

SHADOW OAKS EAST HOMEOWNERS' ASSOCIATION, INC.



Principal Place of Business

Mailing Address

27437 STATE ROAD 54 WEST
WESLEY CHAPEL FL 33544

27437 STATE ROAD 54 WEST
WESLEY CHAPEL FL 33543-9129

3. Date Incorporated or Qualified
06/12/1996

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

☒ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

REIBER, JACOB I
27437 STATE ROAD 54 WEST
WESLEY CHAPEL FL 33544

B1 Name

Jacob I. Reiber

B2 Street Address (P.O. Box Number is Not Acceptable)

27429 State Road 54 West

B3

B4 City

Wesley Chapel

FL

B5 Zip Code

33544

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME
WILD, JOHNNY L
STREET ADDRESS
27437 STATE ROAD 54 WEST
CITY-ST-ZIP
WESLEY CHAPEL FL 33544

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
MCCONNELL, RANDALL J
STREET ADDRESS
27437 STATE ROAD 54 WEST
CITY-ST-ZIP
WESLEY CHAPEL FL 33544

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME
McConnell, RANDALL J
2.3 STREET ADDRESS
4701 Forest Drive
2.4 CITY-ST-ZIP
Blainville, GA 30512

TITLE ☐ DELETE
NAME
MCCONNELL, KIM
STREET ADDRESS
27437 STATE ROAD 54 WEST
CITY-ST-ZIP
WESLEY CHAPEL FL 33544

3.1 TITLE ☒ Change ☐ Addition
3.2 NAME
McConnell, Kim
3.3 STREET ADDRESS
4701 Forest Drive
3.4 CITY-ST-ZIP
Blainville, GA 30512

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Johnd Wild

Date

3/25/97

813-991-7717
Johnny L. Wild
Daytime Phone # 0045880

CR2E037 (9/96)