

2005 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Jun 29, 2005
Secretary of State

DOCUMENT# N99000003088

Entity Name: SHEPHERD OAKS HOMEOWNERS' ASSOCIATION, INC.**Current Principal Place of Business:**1621F EDGEWOOD DRIVE
LAKELAND, FL 33803**New Principal Place of Business:**2028 SHEPHERD RD.
#231
MULBERRY, FL 33860 US**Current Mailing Address:**1621F EDGEWOOD DRIVE
LAKELAND, FL 33803**New Mailing Address:**2028 SHEPHERD RD.
#231
MULBERRY, FL 33860 US**FEI Number:** 65-0968836**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**ALLEN, JAMES W
1621F EDGEWOOD DRIVE
LAKELAND, FL 33803 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:** PD () Delete
Name: ROSANBLOOM, JULIA
Address: 6926 SHEPHERD OAKS RD.
City-St-Zip: LAKELAND, FL 33811**Title:** VPD () Delete
Name: DUNFORD, KATHY
Address: 6979 SHEPHERD OAKS ROAD
City-St-Zip: LAKELAND, FL 33811**Title:** SEC () Delete
Name: LINDA, CHRISTIAN
Address: 6959 SHEPHERD OAKS RD
City-St-Zip: LAKELAND, FL 33811**Title:** TREA () Delete
Name: BURDETTE, JIM
Address: 6557 SHEPHERD OAKS PASS
City-St-Zip: LAKELAND, FL 33811**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** PD (X) Change () Addition
Name: ROSENBLOOM, JULIA
Address: 6926 SHEPHERD OAKS RD.
City-St-Zip: LAKELAND, FL 33811**Title:** VPD (X) Change () Addition
Name: DUNFORD, KATHLEEN R
Address: 6979 SHEPHERD OAKS ROAD
City-St-Zip: LAKELAND, FL 33811**Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** TREA (X) Change () Addition
Name: FULLER, REYGIE F
Address: 6969 SHEPHERD OAKS RD.
City-St-Zip: LAKELAND, FL 33811

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: JULIA ROSENBLOOM

PD

06/29/2005

Electronic Signature of Signing Officer or Director

Date