2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000003088

FILED Feb 02, 2006 Secretary of State

Entity Name: SHEPHERD OAKS HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business: 2028 SHEPHERD RD. #231 MULBERRY, FL 33860 **New Mailing Address: Current Mailing Address:** 2028 SHEPHERD RD. 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: Name and Address of New Registered Agent: ALLEN, JAMES W ROSENBLOOM, JULIA 1621F ÉDGEWOOD DRIVE 2028 SHEPHERD RD. LAKELAND, FL 33803 #231 MULBERRY, FL 33860 US 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: JULIA ROSENBLOOM 02/02/2006 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete ROSENBLOOM, JULIA Name: Name: 6926 SHEPHERD OAKS RD. Address: Address: City-St-Zip: LAKELAND, FL 33811 City-St-Zip: Title: () Delete Title: VPD (X) Change () Addition DUNFORD, KATHLEEN R Name: NENARELLA, JERRY Name: Address: 6979 SHEPHERD OAKS ROAD Address: 6809 SHEPHERD OAKS ROAD City-St-Zip: LAKELAND, FL 33811 City-St-Zip: LAKELAND, FL 33811 Title: SEC () Delete Title: SEC (X) Change () Addition LINDA, CHRISTIAN BARRETT, LOUISE Name: Name: 6959 SHEPHERD OAKS RD 6627 SHEPHERD OAKS PASS Address: Address: City-St-Zip: LAKELAND, FL 33811 City-St-Zip: LAKELAND, FL 33811 Title: TREA () Delete Title: TREA (X) Change () Addition Name: FULLER, REYGIE F Name: REED, SONYA 6969 SHEPHERD OAKS RD. 6574 SHEPHERD OAKS ST Address: Address: City-St-Zip: LAKELAND, FL 33811 City-St-Zip: LAKELAND, FL 33811 Title: () Delete Title: () Change (X) Addition ROSENBLOOM, TOM Name: Name: 6926 SHEPHERD OAKS RD. Address: Address: City-St-Zip: 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 Chapter 119, 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 02/02/2006