

**2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N04000012123

**Entity Name:** SHALLOW REED PROPERTY OWNERS ASSOCIATION, INC.

**FILED**  
**Apr 30, 2022**  
**Secretary of State**  
**5227002453CC**

**Current Principal Place of Business:**

409 GARRISON AVENUE  
PORT ST JOE, FL 32456

**Current Mailing Address:**

409 GARRISON AVENUE  
PORT ST JOE, FL 32456 US

**FEI Number: 25-1913985**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

FARRELL, JOSEPH PATRICK JR.  
409 GARRISON AVENUE  
PORT ST JOE, FL 32456 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:** JOSEPH P FARRELL JR

04/30/2022

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title D  
Name WARD, KYLE  
Address 409 GARRISON AVENUE  
City-State-Zip: PORT ST JOE FL 32456

Title D  
Name PICKETT, RONALD  
Address 409 GARRISON AVENUE  
City-State-Zip: PORT ST JOE FL 32456

Title D  
Name SEWARD, BOBBI  
Address 409 GARRISON AVENUE  
City-State-Zip: PORT ST JOE FL 32456

Title DIRECTOR  
Name EASTON, PENNY J  
Address 409 GARRISON AVENUE  
City-State-Zip: PORT ST JOE FL 32456

Title DIRECTOR  
Name SCOGGINS, DEBBIE B  
Address 409 GARRISON AVENUE  
City-State-Zip: PORT ST JOE FL 32456

Title D  
Name FISHER, WES  
Address 409 GARRISON AVE  
City-State-Zip: PORT ST JOE FL 32456

*I hereby 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 all other like empowered.*

**SIGNATURE:** WES FISHER

**DIRECTOR**

04/30/2022

Electronic Signature of Signing Officer/Director Detail

Date