

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N96000003165

**FILED  
Jan 29, 2015  
Secretary of State  
CC2608969710**

**Entity Name:** SHADOW OAKS EAST HOMEOWNERS' ASSOCIATION, INC.

**Current Principal Place of Business:**

9120 FORT KING ROAD  
DADE CITY, FL 32525

**Current Mailing Address:**

9120 FORT KING ROAD  
DADE CITY, FL 32525

**FEI Number: 59-3503273**

**Certificate of Status Desired: No**

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

FRAZIER, JAMES K  
9120 FORT KING ROAD  
DADE CITY, FL 32525 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:** \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title PD  
Name FRAZIER, JAMES K  
Address 9120 FORT KING ROAD  
City-State-Zip: DADE CITY FL 32525

Title VPD  
Name FRAZIER, JENNIFER  
Address 9120 FT KING RD  
City-State-Zip: DADE CITY FL 33525

Title D  
Name DELP, CAROLE  
Address 37038 MCCONNELL LANE  
City-State-Zip: DADE CITY FL 33525

*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: JAMES K. FRAZIER**

**PRESIDENT**

**01/29/2015**

Electronic Signature of Signing Officer/Director Detail

Date