

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N97000006077

**FILED**  
**Mar 17, 2017**  
**Secretary of State**  
**CC6060928120**

**Entity Name:** SHACKELFORD ESTATES HOMEOWNERS' ASSOCIATION, INC.

**Current Principal Place of Business:**

5309 LENOIR CT  
PLANT CITY, FL 33566

**Current Mailing Address:**

5309 LENOIR CT  
PLANT CITY, FL 33566

**FEI Number:** 20-8653856

**Certificate of Status Desired:** No

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

FRASIER, RANDALL P  
5309 LENOIR CT  
PLANT CITY, FL 33566 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 GIBSON, JOHN  
Address 5305 LENOIR CT  
City-State-Zip: PLANT CITY FL 33566

Title SD  
Name FRASIER, RANDALL  
Address 5309 LENOIR CT  
City-State-Zip: PLANT CITY FL 33566

*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:** RANDALL P. FRASIER

**SECRETARY**

**03/17/2017**

Electronic Signature of Signing Officer/Director Detail

Date