

**2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N97000006404

**Entity Name:** SHAKETT ISLAND HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

877 HILLCREST DRIVE  
NOKOMIS, FL 34275

**Current Mailing Address:**

PO BOX 222  
LAUREL, FL 34272 US

**FEI Number: 65-0794345**

**Certificate of Status Desired: No**

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

COLEMAN, JULIETTE  
877 HILLCREST DRIVE  
NOKOMIS, FL 34275 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 P  
Name DRUCKMAN , ROSEANETTE  
Address 849 HILLCREST DR  
City-State-Zip: NOKOMIS FL 34275

Title VP  
Name PELKE, STEVE  
Address 885 HILLCREST DRIVE  
City-State-Zip: NOKOMIS FL 34275

Title T  
Name PRIDEMORE, SANDRA  
Address 857 HILLCREST DRIVE  
City-State-Zip: NOKOMIS FL 34275

Title S  
Name COLEMAN, JULIETTE  
Address 877 HILLCREST DRIVE  
City-State-Zip: NOKOMIS FL 34275

Title D  
Name BRACKETT, ROBERT  
Address 858 HILLCREST DRIVE  
City-State-Zip: NOKOMIS FL 34275

*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: JULIETTE COLEMAN**

**SECRETARY**

**02/04/2020**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date