

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N98000002364

**Entity Name:** SHADOW OAKS ESTATES PROPERTY OWNERS' ASSOCIATION, INC.

**FILED**  
**Feb 07, 2016**  
**Secretary of State**  
**CC7264936597**

**Current Principal Place of Business:**

6733 WILLOW POND LN  
SARASOTA, FL 34240

**Current Mailing Address:**

6733 WILLOW POND LN  
SARASOTA, FL 34240

**FEI Number: 65-0833527**

**Certificate of Status Desired: No**

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

BOHLMAN, MARK  
6733 WILLOW POND LN  
SARASOTA, FL 34240 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:** MARK BOHLMAN

02/07/2016

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title	T	Title	PD
Name	BOHLMAN, MARK D	Name	GLADE, WILLIAM
Address	6733 WILLOW POND LN	Address	2260 ISLAND CREEK RD
City-State-Zip:	SARASOTA FL 34240	City-State-Zip:	SARASOTA FL 34240
Title	S		
Name	HALLOCK, RICHARD		
Address	2267 ISLAND CREEK RD		
City-State-Zip:	SARASOTA FL 34240		

*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:** MARK BOHLMAN

**TREASURER**

02/07/2016

Electronic Signature of Signing Officer/Director Detail

Date