

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

DOCUMENT# N99000002869

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

**Current Principal Place of Business:**

5840 LENMAR CT.  
HOLIDAY, FL 34690

**Current Mailing Address:**

5852 LENMAR CT.  
HOLIDAY, FL 34690 US

**FEI Number: 59-3592238**

**Certificate of Status Desired: No**

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

SMITH, TANYA MMRS.  
5852 LENMAR CT.  
HOLIDAY, FL 34690 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 ROBY, JAMIE MRS.  
Address 5840 LENMAR CT.  
City-State-Zip: HOLIDAY FL 34690

Title T  
Name SMITH, TANYA  
Address 5852 LENMAR CT  
City-State-Zip: HOLIDAY FL 34690

Title S  
Name ROBEY, JAMIE  
Address 5840 LENMAR CT  
City-State-Zip: HOLIDAY FL 34690

Title D  
Name THEIMANN, ERICH  
Address 5814 LENMAR CT  
City-State-Zip: HOLIDAY FL 34690

Title D  
Name MANNING, MARY MRS  
Address 5749 LENMAR CT  
City-State-Zip: HOLIDAY FL 34690

Title DIRECTOR  
Name MATTHEWS, BEVERLY MRS.  
Address 5853 LENMAR CT  
City-State-Zip: HOLIDAY FL 34690

*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: TANYA SMITH**

**TREASURER**

**03/02/2015**

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

\_\_\_\_\_  
Date