

2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000002869

Entity Name: SHADOW OAKS II PROPERTY OWNERS' ASSOCIATION, INC.**Current Principal Place of Business:**5815 LENMAR COURT
HOLIDAY, FL 34690**Current Mailing Address:**5815 LENMAR COURT
HOLIDAY, FL 34690 US**FEI Number:** 59-3592238**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**MEDVESKY, ROBERT THOMAS
5814 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:** ROBERT T. MEDVESKY

04/04/2023

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	SECRETARY
Name	VACANT, VACANT
Address	5815 LENMAR COURT
City-State-Zip:	HOLIDAY FL 34690

Title	DIRECTOR
Name	COLLINS, BRIAN
Address	5809 LENMAR CT.
City-State-Zip:	HOLIDAY FL 34690

Title	VICE P
Name	ROBY, JAMIE
Address	5840 LENMAR CT.
City-State-Zip:	HOLIDAY FL 34690

Title	TREASURER
Name	MEDVESKY, ROBERT
Address	5815 LENMAR CT.
City-State-Zip:	HOLIDAY FL 34690

Title	DIRECTOR
Name	ABER, THERESA MRS.
Address	5748 LENMAR CT.
City-State-Zip:	HOLIDAY FL 34690

Title	PRESIDENT
Name	WHITLOW, VIVIAN
Address	5815 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: ROBERT T. MEDVESKY

TREASURER

04/04/2023

Electronic Signature of Signing Officer/Director Detail

Date