

**2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N99000002869

**FILED**  
**Apr 16, 2019**  
**Secretary of State**  
**0983790821CC**

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

**Current Principal Place of Business:**

5814 LENMAR CT.  
HOLIDAY, FL 34690

**Current Mailing Address:**

5814 LENMAR CT.  
HOLIDAY, FL 34690 US

**FEI Number: 59-3592238**

**Certificate of Status Desired: No**

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

MILNE, LARRY  
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: LARRY MILNE**

**04/16/2019**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

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

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

Title DIRECTOR  
Name THIEMANN, ERIC  
Address 5846 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 MILNE, LARRY  
Address 5814 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: LARRY MILNE**

**PRESIDENT**

**04/16/2019**

Electronic Signature of Signing Officer/Director Detail

Date