#### 2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000002869

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

FILED Feb 09, 2024 Secretary of State 4757979952CC

# **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 5815 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 02/09/2024

Electronic Signature of Registered Agent

Date

#### Officer/Director Detail:

Title	SECRETARY	Title	DIRECTOR
Name	ARCHER, CHANTALE	Name	COLLINS, BRIAN
Address	5821 LENMAR COURT	Address	5809 LENMAR CT.
City-State-Zip:	HOLIDAY FL 34690	City-State-Zip:	HOLIDAY FL 34690

Title VICE P Title TREASURER

NameVACANT, VACANTNameMEDVESKY, ROBERTAddress5815 LENMAR CT.Address5815 LENMAR CT.City-State-Zip:HOLIDAY FL 34690City-State-Zip:HOLIDAY FL 34690

TitleDIRECTORTitlePRESIDENTNameABER, THERESA MRS.NameROBEY, JAMIEAddress5748 LENMAR CT.Address5840 LENMAR CT.City-State-Zip:HOLIDAY FL 34690City-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 MEDVESKY TREASURER 02/09/2024