

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000002869

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

FILED
Feb 22, 2016
Secretary of State
CC0923287850

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 ABER, THERESA MRS.
Address 5748 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

02/22/2016

Electronic Signature of Signing Officer/Director Detail

Date