2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Apr 27, 2005 8:00 am Secretary of State 04-27-2005 90310 031 ****61.25

DOCUMENT # 733738 1. Entity Name SHADOW BROOK PROPERTY OWNERS' ASSOCIATION, INC.					4-27-200	5 90310 03	31 ****61	1.25	
Principal Place of Business 5850 34TH ST. VERO BEACH, FL 32966 Mailing Address 5850 34TH ST. VERO BEACH, FL 32966									
2. Principal F	Place of Business	3. Mailing Address					 		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		02182005 C	hg-NP	CR2E03	7 (10/03)		
City & State		City & State		4. FEI Number 59-165068	33		— 	optied For	
Zip	Country	Ζip	Country	5. Certificate of S	tatus Desirec		\$8.75 Add	ditional	
	6. Name and Address of Current Re	gistered Agent		7. Name and Ad	dress of New		,		
THELK, LO	ouis		Name						
5850 34TH ST. VERO BEACH, FL 32966			Street Addres	Street Address (P.O. Box Number is Not Acceptable)					
			City			FL	Zip Cod	e	
8. The above	e named entity submits this statement for the	ne purpose of changing its	registered office or regi	stered agent, or both, in	the State of	Florida. I am f	amiliar with,	and accept	
SIGNATURE	tions of registered agent.								
	Signature, typed or printed name of registered agent and	trile if applicable. (NOTE	: Registered Agent signature req	juired when reinstating)		DATE			
			npaign Financing _	\$5.00 May Be Added to Fees	P	DATE Make check orida Depart			
10.	Signature, typed or printed name of registered agent and Filling Fee is \$61.25 Due by May 1, 2005 OFFICERS AND DIRECT	9. Election Can Trust Fund C	npaign Financing _	\$5.00 May Be	Ge 110000	Make check orida Depart	ment of S	tate	
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<u> </u>	Signature, typed or printed name of registered agent and Filling Fee is \$61.25 Due by May 1, 2005 OFFICERS AND DIRECT	9. Election Can Trust Fund C	npaign Financing Contribution.	\$5.00 May Be Added to Fees	Ge 110000	Make check orida Depart	ment of Si ECTORS IN	tate I 10	
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Thereby centry may the information supplied with this filing does not quality for the exemption stated in Section 119.07(3)(i), Florida Statutes, I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-11-05 772-778-001 Date Daytime Phone #