
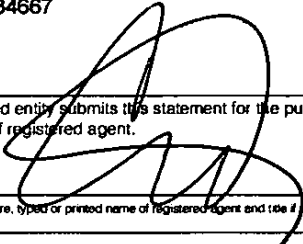
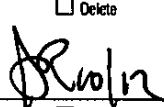
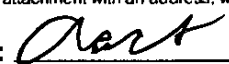


# 2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

<b>DOCUMENT # 750011</b> 1. Entity Name SHADOW RIDGE HOMEOWNERS' ASSOCIATION, INC.						FILED 05 OCT 10 PM 12: 59 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 12904 KELLYWOOD CIRCLE HUDSON, FL 34669 US				Mailing Address P. O. BOX 5391 BAYNET POINT, FL 34674 US			
2. Principal Place of Business Suite, Apt. #, etc.				3. Mailing Address Suite, Apt. #, etc.			
City & State				City & State			
Zip		Country		Zip		Country	
6. Name and Address of Current Registered Agent HAY, CEDRIC P 12300 U.S. HWY. 19 N. HUDSON, FL 34667				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City			
8. 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. I am familiar with, and accept the obligations of registered agent.				5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>			
SIGNATURE 				DATE <u>10/7/05</u>			
FILE NOW!!! FEE IS \$61.25 After January 1, 2006, Fee will be \$122.50				In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE P NAME PAEPLow, DON <input checked="" type="checkbox"/> Delete STREET ADDRESS 12928 KELLYWOOD CIR. CITY-ST-ZIP HUDSON, FL 34669				TITLE P NAME Don PaepLow <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition STREET ADDRESS 12928 Kellywood Cir CITY-ST-ZIP Hudson, FL 34669			
TITLE VP NAME MERIDERFF, MICHELLE <input checked="" type="checkbox"/> Delete STREET ADDRESS 12828 KELLYWOOD CIRCLE CITY-ST-ZIP HUDSON, FL 34669				TITLE VP/T NAME Dayne Cote <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition STREET ADDRESS 12904 Kellywood Cir CITY-ST-ZIP Hudson, FL 34669			
TITLE D NAME PORANDA, ANITA <input checked="" type="checkbox"/> Delete STREET ADDRESS 12164 SHADOW RIDGE BLVD. CITY-ST-ZIP HUDSON, FL 34669				TITLE O NAME Tom Kline <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition STREET ADDRESS 12128 Country Core Lane CITY-ST-ZIP Hudson, FL 34669			
TITLE O NAME COTE, DAYNA <input checked="" type="checkbox"/> Delete STREET ADDRESS 12904 KELLYWOOD CIRCLE CITY-ST-ZIP HUDSON, FL 34669				TITLE O NAME Bob Oliveri <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition STREET ADDRESS 12800 Baskhorn Dr CITY-ST-ZIP Hudson, FL 34669			
TITLE  <input type="checkbox"/> Delete				300060456423 10/10/05--01072--008 ***61.25			
TITLE <input type="checkbox"/> Delete				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
12. I hereby certify that the information supplied with this filing does not qualify 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:  Dayne A. Cote 10-7-05 727-857-9033							