2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # 750011 1. Entity Name SHADOW RIDGE HOMEOWNERS' ASSOCIATION, INC.					FILED 05 OCT 10 PH 12: 59	
Principal Place of Business 12904 KELLYWOOD CIRCLE HUDSON, FL 34669 US		Mailing Address P. O. BOX 5391 BAYNET POINT, FL 34674 US			SEUNLIANT OF STATE TALLAHASSEE, FLORIDA	
2. Principal Place of Business		3. Mailing Address				
Suite; y pt. #, etc.		Suite, Apt. #, etc.			10072005 REIN-NP CR2E099 (6/04)	
City & State		City & State			4. FEI Number Applied For 59-2188335 Not Applicable	
Zip Country	, Zip	Zip Cour			5. Certificate of Status Desired See Required \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			Name	7. Name and Address of New Registered Agent Name		
HAY, CEDRIC P 12300 U.S. HWY. 19 N. HUDSON, FL 34667		Street Addres		ddress (I	(P.O. Box Number is Not Acceptable)	
)			FL Zip Code	
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. SIGNATURE Signature, lyber or printed name of Egistered agent and time I applicable. (NOTE: Registered Agent alignature required when reinstating) DATE						
FILE NOWIII FEE IS \$61.25 In accordance with s. 607.193(2)(b), F.S., the 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. Make check payable to Florida Department of State						
10. OFFICERS AND DIRECTORS					ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE P NAME PAÉPLOU, DON		Delete	TITLE NAME	Don	Paeplow 938KoNywoodCN	
STREET ADDRESS 12928 KELLYWOOD CIR. CITY-SI-ZIP HUDSON, FL 34669			STREET ADDRESS CITY-ST-ZIP	129	928 Kally word CIL adses, Fl 34669	
TITLE VP		Delete	TITLE	VP/	ne Cote Crange Addition	
NAME MERIDERFF, MICHELLE STREET ADDRESS 12828 KELLYWOOD CIRCLE			NAME STREET ADDRESS	1290	on Kellywood Cir	
CITY-ST-ZIP HUDSON, FL 34669		Delete	CITY-ST-ZIP	Hu	ed son, P1 34669	
TITLE D NAME PORANDA, ANITA			TITLE NAME	Ton	□ Change ☑ Addition	
STREET ADDRESS 12164 SHADOW RIDGE BLVD. CITY-ST-ZIP HUDSON, FL 34669			STREET ADORESS CITY-ST-ZIP	1212	28 Country Cove Lane	
TITLE O		Delete	TITLE	O	d son, P1 3 4 66 9 ☐ Change ☑ Additio	
NAME COTE, DAYNA STREET ADDRESS 12904 KELLYWOOD CIRCLE			NAME Street address	1280	Oliver: OBackhorn Or	
		CITY-ST-ZIP	Hu	(4 × 6 × 7 × 7 × 7 × 7 × 7 × 7 × 7 × 7 × 7		
TITLE NAME	,	Oelete	TITLE NAME	}	☐ Change ☐ Additio	
STREET ADDRESS City-St-Zip	(Roln	STREET ADDRESS _CITY-ST-ZIP		300060456423 10/10/0501072008 **61.25	
TITLE		☐ Delete	TITLE		☐ Change ☐ Additio	
NAME STREET ADDRESS CITY-ST-ZIP			NAME STREET ADDRESS CITY-ST-ZIP			
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 10-7-05 727-857-9038						