


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 06, 2006 8:00 am**  
**Secretary of State**

02-06-2006 90065 032 \*\*\*\*61.25

|  |   |  |  |  |  |
|--|---|--|--|--|--|
| <b>DOCUMENT # 750011</b><br>1. Entity Name<br><b>SHADOW RIDGE HOMEOWNERS' ASSOCIATION, INC.</b>  |   |  |  |   |  |
| Principal Place of Business<br><b>12904 KELLYWOOD CIRCLE<br/>HUDSON, FL 34669 US</b>   |   |  | Mailing Address<br><b>P. O. BOX 5391<br/>BAYNET POINT, FL 34674 US</b>   |  |  |
| 2. Principal Place of Business   |   | 3. Mailing Address   |  |  |  |
| Suite, Apt. #, etc.  |   | Suite, Apt. #, etc.  |  |  |  |
| City & State   |   | City & State   |  |  |  |
| Zip  | Country   | Zip  | Country  |  |  |
| 6. Name and Address of Current Registered Agent  |   |  | 7. Name and Address of New Registered Agent  |  |  |
| <b>HAY, CEDRIC P<br/>12300 U.S. HWY. 19 N.<br/>HUDSON, FL 34667</b>  |   |  | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div> |  |  |
| 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____<br><small>Signature, typed or printed name of registered agent and title if applicable.</small>  |   |  |  |  |  |
| <b>Filing Fee is \$61.25<br/>Due by May 1, 2006</b>  |   | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> |  | <b>\$5.00 May Be Added to Fees</b>   |  |
|  |   | <b>Make check payable to<br/>Florida Department of State</b>                     |  |  |  |
| 10. OFFICERS AND DIRECTORS   |   |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>P<br/>PAEPLON, DON<br/>12928 KELLYWOOD CIR.<br/>HUDSON, FL 34669</b> <input type="checkbox"/> Delete             |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>Paepelon, Don<br/>12928 Kellywood Cir<br/>Hudson, FL 34669</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>VT<br/>COTE, DAYNE<br/>12904 KELLYWOOD CIRCLE<br/>HUDSON, FL 34669</b> <input type="checkbox"/> Delete           |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>O<br/>KLINE, TOM<br/>12128 COUNTRY COVE LANE<br/>HUDSON, FL 34669</b> <input checked="" type="checkbox"/> Delete |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>O<br/>OLIVERI, BOB<br/>12800 BUCKHORN DR<br/>HUDSON, FL 34669</b> <input type="checkbox"/> Delete                |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete   |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete   |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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. |   |  |  |  |  |
| <b>SIGNATURE: <u>Dayne Cote VP/IT</u></b><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>   |   |  | <b>1-10-06 727-857-9037</b><br><small>Date Daytime Phone #</small>   |  |  |

