

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

**CORPORATION  
ANNUAL REPORT  
1995**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Northam  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS**

95 MAY - 1 AM 8:23

**DOCUMENT # 752861 (5)**

1. Corporation Name

**SHADETREE OWNERS ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

7125 NORTH LAGOON DRIVE  
UNIT L  
PANAMA CITY BEACH FL 32408  
US

7125 NORTH LAGOON DRIVE  
UNIT L  
PANAMA CITY BEACH FL 32408  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/06/1980

3a. Date of Last Report

08/18/1994

4. FEI Number

59-2182781

Applied For  
 Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional  
Fee Required**

6. Election Campaign Financing  
Trust Fund Contribution

**\$5.00 May Be  
Added to Fees**

7. Nonprofit with IRS 501(c)(3)  
Tax Exempt Status

**\$68.75 Supplemental  
Fee Not Required**

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes  Yes  No

2. Principal Place of Business

2a. Mailing Address

21 3919 Benbow Street

26 3919 Benbow Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 Panama City Beach, FL

City & State

28 Panama City Beach, FL

Zip

24 32408

Country

25 USA

Zip

29 32408

Country

30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of Now Registered Agent

COOK, JANICE  
7125 N. LAGOON DRIVE  
UNIT L  
PANAMA CITY BEACH FL 32408

81 Name  
Cook, Janice

82 Street Address (P.O. Box Number is Not Acceptable)  
3919 Benbow Street

83

84 City  
Panama City Beach FL

85 Zip Code  
32408

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Janice S. Cook

NOTE: Registered Agent signature required when resigning.

1/31/95

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE: VD  
NAME: WILLIAMSON, O. R.  
STREET ADDRESS: 7125 NORTH LAGOON DRIVE, UNIT B  
CITY - ST - ZIP: PANAMA CITY BEACH FL

11 TITLE: VD  
12 NAME: Eleanor Osmon  
13 STREET ADDRESS: 7125 - I North Lagoon Dr  
14 CITY - ST - ZIP: Panama City Beach, FL 32408  
 Change  Addition

TITLE: STD  
NAME: PETTOFREZZO, DIANE  
STREET ADDRESS: P.O. BOX 9893 N/A  
CITY - ST - ZIP: PANAMA CITY BEACH FL

21 TITLE: PD  
22 NAME: Mona Galner  
23 STREET ADDRESS: 7125 - N North Lagoon Dr  
24 CITY - ST - ZIP: Panama City Beach, FL 32408  
 Change  Addition

TITLE: PD  
NAME: COOK, JANICE  
STREET ADDRESS: 7125 NORTH LAGOON DRIVE, UNIT L  
CITY - ST - ZIP: PANAMA CITY BEACH FL

31 TITLE: STD  
32 NAME: Cook, Janice  
33 STREET ADDRESS: 3919 Benbow Street  
34 CITY - ST - ZIP: Panama City Beach, FL 32408  
 Change  Addition

TITLE: \_\_\_\_\_  
NAME: \_\_\_\_\_  
STREET ADDRESS: \_\_\_\_\_  
CITY - ST - ZIP: \_\_\_\_\_

41 TITLE: \_\_\_\_\_  
42 NAME: \_\_\_\_\_  
43 STREET ADDRESS: \_\_\_\_\_  
44 CITY - ST - ZIP: \_\_\_\_\_  
 Change  Addition

TITLE: \_\_\_\_\_  
NAME: \_\_\_\_\_  
STREET ADDRESS: \_\_\_\_\_  
CITY - ST - ZIP: \_\_\_\_\_

51 TITLE: \_\_\_\_\_  
52 NAME: \_\_\_\_\_  
53 STREET ADDRESS: \_\_\_\_\_  
54 CITY - ST - ZIP: \_\_\_\_\_  
 Change  Addition

TITLE: \_\_\_\_\_  
NAME: \_\_\_\_\_  
STREET ADDRESS: \_\_\_\_\_  
CITY - ST - ZIP: \_\_\_\_\_

61 TITLE: \_\_\_\_\_  
62 NAME: \_\_\_\_\_  
63 STREET ADDRESS: \_\_\_\_\_  
64 CITY - ST - ZIP: \_\_\_\_\_  
 Change  Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(A), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Janice S. Cook Janice S. Cook

1/31/95

904-230-0989

SIGNATURE AND TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #