

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 752861 (5)

1. Corporation Name: SHADETREE OWNERS ASSOCIATION, INC.



Principal Place of Business: 3919 BENBOW ST UNIT L PANAMA CITY FL 32408 US
Mailing Address: 3919 BENBOW ST UNIT L PANAMA CITY FL 32408 US

3. Date Incorporated or Qualified: 06/06/1980
3a. Date of Last Report: 05/01/1995
4. FEI Number: 59-2182781
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: 21. 7125 N. LAGOON DR, 22. UNIT D, 23. PANAMA CITY BCH, FL, 24. 32408, 25. USA
2a. Mailing Address: 26. 7125 N. LAGOON DR, 27. UNIT D, 28. PANAMA CITY BCH, FL, 29. 32408, 30. USA

9. Name and Address of Current Registered Agent

COOK, JANICE
3919 BENBOW ST
UNIT L
PANAMA CITY FL 32408

10. Name and Address of New Registered Agent

81. Name: BETTY A. REINERT
82. Street Address (P.O. Box Number is Not Acceptable): 7125 N. LAGOON DR
83. UNIT D
84. City: PANAMA CITY BCH, FL, 85. Zip Code: 32408

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: Betty A Reinert STD 1-22-96

12. OFFICERS AND DIRECTORS

12.1	VD	<input type="checkbox"/> DELETE
NAME	OSMON, ELEANOR	
STREET ADDRESS	7125-1 NORTH LAGOON DR	
CITY-STATE-ZIP	PANAMA CITY BEACH FL	
12.2	PD	<input type="checkbox"/> DELETE
NAME	GAINER, MONA	
STREET ADDRESS	7125- N NORTH LAGOON DR	
CITY-STATE-ZIP	PANAMA CITY BEACH FL	
12.3	STD	<input type="checkbox"/> DELETE
NAME	COOK, JANICE	
STREET ADDRESS	3919 BENBOW ST	
CITY-STATE-ZIP	PANAMA CITY BEACH FL	
12.4		<input type="checkbox"/> DELETE
12.5		<input type="checkbox"/> DELETE
12.6		<input type="checkbox"/> DELETE

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 1996

13.1	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.2	NAME	
13.3	STREET ADDRESS	
13.4	CITY-STATE-ZIP	
13.1	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
13.2	NAME	J.R. HERCULES
13.3	STREET ADDRESS	7125-7 N. LAGOON DR
13.4	CITY-STATE-ZIP	PANAMA CITY BCH, FL 32408
13.1	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
13.2	NAME	BETTY A. REINERT
13.3	STREET ADDRESS	7125-D N. LAGOON DR
13.4	CITY-STATE-ZIP	PANAMA CITY BCH, FL 32408
13.1	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.2	NAME	
13.3	STREET ADDRESS	
13.4	CITY-STATE-ZIP	
13.1	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.2	NAME	
13.3	STREET ADDRESS	
13.4	CITY-STATE-ZIP	

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)(k), 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, as changed, or on an attachment with an address.

SIGNATURE: Betty A Reinert 1-22-96 904-230-8296

CFR2E037 (12/95)