

**FILE NOW: FILING FEE IS \$61.25**

**FILED**

**Feb 04 1998 8:00am  
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 752861 (5)**  
 1. Corporation Name  
**SHADETREE OWNERS ASSOCIATION, INC.**



Principal Place of Business		Mailing Address	
7125 N LAGOON DRIVE UNIT D PANAMA CITY FL 32408 US		7125 N LAGOON DR UNIT D PANAMA CITY BEACH FL 32408 US	
21	2. Principal Place of Business	26	2a. Mailing Address
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.
23	City & State	28	City & State
24	Zip	29	Zip
25	Country	30	Country

3. Date Incorporated or Qualified	06/06/1980
4. FEI Number	59-2182781
Applied For	Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

**9. Name and Address of Current Registered Agent**

REINERT, BETTY A.  
7125 N LAGOON DR  
UNIT D  
PANAMA CITY BEACH FL 32408

**10. Name and Address of New Registered Agent**

81 Name	HERCULES, STELLA A
82 Street Address (P.O. Box Number is Not Acceptable)	7125 N. LAGOON DR
83	UNIT - F
84 City	PANAMA CITY BEACH 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 STELLA HERCULES - SECRETARY - TREA. Stella Hercules DATE 1-7-98

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		DELETE
TITLE	VD	<input checked="" type="checkbox"/>
NAME	FOSTER, EDITH	
STREET ADDRESS	7125-N N. LAGOON DR.	
CITY-ST-ZIP	PANAMA CITY BEACH FL	
TITLE	PD	<input checked="" type="checkbox"/>
NAME	GUTENBERG, SHIRLEY	
STREET ADDRESS	7125-H N. LAGOON DR.	
CITY-ST-ZIP	PANAMA CITY BEACH FL	
TITLE	STD	<input checked="" type="checkbox"/>
NAME	REINERT, BETTY A.	
STREET ADDRESS	7125-D N LAGOON DR	
CITY-ST-ZIP	PANAMA CITY BEACH FL	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		CHANGE	ADDITION
1.1 TITLE	VD	<input checked="" type="checkbox"/>	<input type="checkbox"/>
1.2 NAME	DAN WALKER		
1.3 STREET ADDRESS	7125-N. LAGOON DR # D		
1.4 CITY-ST-ZIP	PANAMA CITY BEACH FL 32408		
2.1 TITLE	PD	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2.2 NAME	ELEANOR OSMON		
2.3 STREET ADDRESS	7125 N LAGOON DR # I		
2.4 CITY-ST-ZIP	PANAMA CITY BEACH FL 32408		
3.1 TITLE	STD	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3.2 NAME	STELLA HERCULES		
3.3 STREET ADDRESS	7125 N LAGOON DR # F		
3.4 CITY-ST-ZIP	PANAMA CITY BEACH FL 32408		
4.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP			

14. 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 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: STELLA HERCULES - SECRETARY - TREA. Stella Hercules DATE 1-7-98 850/335-4076

CR2E037 (10/97)