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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FD4970 - 90001 - 3

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Herrin Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 752861 1. Corporation Name <b>SHADETREE OWNERS ASSOCIATION, INC.</b>			
Principal Place of Business 7125 N LAGOON DRIVE UNIT D PANAMA CITY FL 32408 US		Mailing Address 7125 N LAGOON DR UNIT D PANAMA CITY BEACH FL 32408 US	



21	2. Principal Place of Business	2a	Mailing Address	3.	Date Incorporated or Qualified	06/06/1980
22	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4.	FEI Number	59-2182781
23	City & State	27	City & State	5.	Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
24	Zip	28	Zip	6.	Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
HERCULES, STELLA A. 7125 N. LAGOON DR. UNIT-F PANAMA CITY BEACH FL 32408				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85 Zip Code

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 SEC. TRAA. DATE: 1-11-99

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	VD	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	T. P. DAN WALKER (PRESIDENT)	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	WALKER, DAN		1.2 NAME	7125 N. LAGOON DR # D			
STREET ADDRESS	7125 N. LAGOON DR. #D		1.3 STREET ADDRESS	P.C.B. FL 32408			
CITY-ST-ZIP	PANAMA CITY BEACH FL 32408		1.4 CITY-ST-ZIP				
TITLE	PD	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	T. J.P. - Edie Foster (Vice-President)	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition	
NAME	OSMON, ELEANOR		2.2 NAME	7125 N LAGOON # N			
STREET ADDRESS	7125 N LAGOON DR. #I		2.3 STREET ADDRESS	P.C.B. FL 32408			
CITY-ST-ZIP	PANAMA CITY BEACH FL 32408		2.4 CITY-ST-ZIP				
TITLE	T. STD	<input type="checkbox"/> DELETE	3.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	HERCULES, STELLA		3.2 NAME				
STREET ADDRESS	7125 N. LAGOON DR. #F		3.3 STREET ADDRESS				
CITY-ST-ZIP	PANAMA CITY BEACH FL 32408		3.4 CITY-ST-ZIP				
TITLE		<input type="checkbox"/> DELETE	4.1 TITLE	T. Assistant Sec.	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition	
NAME			4.2 NAME	PAUL PETFORREZZO-T.			
STREET ADDRESS			4.3 STREET ADDRESS	P.O. Box 9893 N/A			
CITY-ST-ZIP			4.4 CITY-ST-ZIP	P.C.B. FL 32408			
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE	T. Chairperson	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition	
NAME			5.2 NAME	PAT KIMBLER-T.			
STREET ADDRESS			5.3 STREET ADDRESS	7125 N. LAGOON DR # K			
CITY-ST-ZIP			5.4 CITY-ST-ZIP	P.C.B. FL 32408			
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREET ADDRESS				
CITY-ST-ZIP			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)(l), 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, with all other like empowered.

SIGNATURE: Stella Hercules DATE: 1-11-99 PHONE: 850-235-4076

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: HERCULES SEC. TRAA.

CRZE037 (11/98)