


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 31, 2004 8:00 am
Secretary of State

03-31-2004 90016 035 ****61.25

DOCUMENT # 752861

1. Entity Name
SHADETREE OWNERS ASSOCIATION, INC.



Principal Place of Business
7125 N LAGOON DRIVE
PANAMA CITY, FL 32408 US

Mailing Address
7125 N LAGOON DRIVE
PANAMA CITY, FL 32408 US

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State
 Zip Country

01102004 Chg-NP CR2E037 (10/03)

4. FEI Number
59-2182781
 Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**



6. Name and Address of Current Registered Agent

HERCULES, STELLA
7125 N. LAGOON DR.
UNIT F
PANAMA CITY BEACH, FL 32408

7. Name and Address of New Registered Agent

Name
STEVE A. NOWLIN

Street Address (P.O. Box Number is Not Acceptable)
7125 N LAGOON DR. UNIT A

City
PANAMA CITY BEACH FL Zip Code
32408

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 _____ **Steve A. Nowlin - Secretary/Treasure** **January 12, 2004**

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

Filing Fee is \$61.25 Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

| | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PT WILKERSON, MACK 7125 N. LAGOON DR. #G PANAMA CITY BEACH, FL 32408 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VT SILNUTZER, DAVID 7125 N. LAGOON DR. #O PANAMA CITY BEACH, FL 32408 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | STDT HERCULES, STELLA 7125 N. LAGOON DR. #F PANAMA CITY BEACH, FL 32408 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | CP FOSTER, EDIE 7125 N. LAGOON DR. #N PANAMA CITY BEACH, FL 32408 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T NORENBERG, LILA 7125 N LAGOON DR #B PANAMA CITY BEACH, FL 32408 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P/D SILNUTZER, DAVID 7125 N LAGOON DR UNIT O PANAMA CITY BEACH, FL 32408 <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V/D FOSTER, EDITH 7125 N. LAGOON DR. UNIT N PANAMA CITY BEACH, FL 32408 <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S/T/D NOWLIN, STEVE A 7125 NORTH LAGOON DR. UNIT A PANAMA CITY BEACH, FL. 32408 <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T KIMBLER, PAT 7125 N. LAGOON DR. UNIT K PANAMA CITY BEACH, FL 32408 <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS 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 exemption stated in Section 119.07(3)(i), 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 powers.

SIGNATURE:  **Steve A. Nowlin** **01/12/04** **850-234-3770**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #