

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 14, 2006 8:00 am
Secretary of State

08-14-2006 90038 029 ****61.25



DOCUMENT # 752861
 1. Entity Name
SHADETREE OWNERS ASSOCIATION, INC.

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

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



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

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

08112006 Chg-NP CR2E037 (4/06)

City & State
 Zip Country

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

**NOWLIN, STEVE A
 7125 N. LAGOON DR.
 UNIT A
 PANAMA CITY BEACH, FL 32408**

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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 _____
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 September 6, 2006**

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	PD SILNUTZER, DAVID 7125 N LAGOON DR, # O PANAMA CITY BEACH, FL 32408	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD FOSTER, EDITH 7125 N LAGOON DR, #N PANAMA CITY BEACH, FL 32408	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD NOWLIN, STEVE 7125 N LAGOON DR, #A PANAMA CITY BEACH, FL 32408	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD FOSTER, EDITH 7125 N. LAGOON DR. #N PANAMA CITY BEACH, FL 32408	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	KOK NORENBERG, LILA 7125 N LAGOON DR #B PANAMA CITY BEACH, FL 32408	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	KOK NORENBERG, LILA 7125 N LAGOON DR, # 8 PANAMA CITY, FL 32408	<input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Sheehan, Phillip 7125 N Lagoon Dr, #L Panama City Beach, FL 32408	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Kimbler, Pat 7125 N Lagood Dr, #K Panama City Beach, FL 32408	<input checked="" 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
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 exemptions contained in Chapter 119, 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 empowered.

SIGNATURE: Steve A. Nowlin **Steve A. Nowlin** **8/11/06** **8502497497**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #