

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 23, 2007 8:00 am
Secretary of State

02-23-2007 90032 027 ****61.25

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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 - No P.O. Box # 7125 N. Lagoon Dr.		3. Mailing Address 7125 N. Lagoon Dr.			
Suite, Apt. #, etc. Unit L		Suite, Apt. #, etc. Unit L			
City & State Panama City Beach, FL		City & State Panama City Beach, FL			
Zip 32408		Country Bay		Zip 32408	
Country FL		Country BAY			
4. FEI Number 59-2182781			Applied For Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/> \$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 Virginia Taylor Street Address (P.O. Box Number is Not Acceptable) 7125 N. Lagoon Dr. Unit J 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 <i>Virginia Taylor</i>		(NOTE: Registered Agent signature required when reinstating)		DATE 2-20-07	
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SHEEHAN, PHILLIP 7125 NORTH LAGOON DR # L PANAMA CITY BEACH, FL 32408	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD KIMBLER, PAT 7125 NORTH LAGOON DR # K PANAMA CITY BEACH, FL 32408	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD NOWLIN, STEVE 7125 N LAGOON DR, #A PANAMA CITY BEACH, FL 32408	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	STD Taylor, Virginia 7125 N. Lagoon Dr. #J Panama City Beach, FL 32408
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	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: <i>Virginia Taylor</i>		Date 2-20-07		Daytime Phone # 850-235-2801	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					