


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 07, 2008 8:00 am
Secretary of State

01-07-2008 90044 016 ****61.25

40000455



DOCUMENT # 752861			
1. Entity Name SHADETREE OWNERS ASSOCIATION, INC.			
Principal Place of Business 7125 N LAGOON DRIVE UNIT L PANAMA CITY, FL 32408 US		Mailing Address 7125 N LAGOON DRIVE UNIT L PANAMA CITY, FL 32408 US	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 7125 N. Lagoon Dr.	
Suite, Apt. #, etc.		Suite, Apt. #, etc. Unit M	
City & State		City & State Panama City Beach, FL	
Zip	Country	Zip	Country
		32408	
4. FEI Number 59-2182781		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent TAYLOR, VIRGINIA 7125 N. LAGOON DR. UNIT J PANAMA CITY BEACH, FL 32408		7. Name and Address of New Registered Agent Name Phillip Sheehan Street Address (P.O. Box Number is Not Acceptable) 7125 N. Lagoon Dr Unit L 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>Phillip Sheehan</i>		DATE 01/03/08	
Filing Fee is \$61.25 Due by May 1, 2008		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	PD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHEEHAN, PHILLIP	NAME	
STREET ADDRESS	7125 NORTH LAGOON DR # L	STREET ADDRESS	
CITY-ST-ZIP	PANAMA CITY BEACH, FL 32408	CITY-ST-ZIP	
TITLE	VD <input checked="" type="checkbox"/> Delete	TITLE	VD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KIMBLER, PAT	NAME	Edith Foster
STREET ADDRESS	7125 NORTH LAGOON DR # K	STREET ADDRESS	7125 North Lagoon Dr #N
CITY-ST-ZIP	PANAMA CITY BEACH, FL 32408	CITY-ST-ZIP	Panama City Beach, FL 32408
TITLE	STD <input checked="" type="checkbox"/> Delete	TITLE	STD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	NOWLIN, STEVE	NAME	Monique Griffin
STREET ADDRESS	7125 N LAGOON DR, #A	STREET ADDRESS	7125 North Lagoon Dr #M
CITY-ST-ZIP	PANAMA CITY BEACH, FL 32408	CITY-ST-ZIP	Panama City Beach, FL 32408
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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>Monique Griffin</i>		Date 1-3-08 (850) 230-8481	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	