2008 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

DOCUMENT #752861

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

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

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 UNITAL PANAMA CITY, FL 32408 US					400004		(18() 818() 2 18() 818	II(2) 8) 188f
2. Principal Place of Business - No P.O. Box #			3. Mailing Address Laguen DR.			· .					
Suite, Apt. #, etc.		Suite, Ar	<u>n</u>		01032008	Chg-NP	CR2E	037 (12/06)			
City & State		Panain	ach F	L	4. FEI Number 59-21827	81		├ ─ ├ ─	plied For at Applicable		
Zip	S N	Country	Zip 3	2408	Country !		5. Certificate of S	·		\$8.75 Add Fee Require	
6. Name and Address of Current Registered Agent						0	7. Name and Address of New Registered Agent				
TAYLOR, VIRGINIA 7125 N. LAGOON DR.					Name Street A	ddress (E.Q. Box Nunhber is	Celhan Not Acceptable) / \	11 1	1
UNIT J PANAMA CITY BEACH, FL 32408						717	35 N ·	hagoon	i DA	Unit	<i></i>
					City	Parv	ama Cit	4 Beac	√ FI	_	240
, the obligat	named entitions of regist	y submits this statement for	r the purpose o	of changing its regist	tered office o	r register	ed agent, or both, i	nhhe State of Flo	rida. Lan	n familiar with,	and accept
SIGNATURE	Signature, types	or printed name of registered agent	and little if applicable.	. (NOTE: Regist	tered Agent signat	ure required	when reinstating)	<i>U</i>	DATE	700	
			9.	Election Campaigr Trust Fund Contrib			\$5.00 May Be Added to Fees			ck payable t artment of S	
10.	Due by N			Trust Fund Contrib				Flori	ida Depa	rtment of S	ate
TITLE	PD PD	May 1, 2008 OFFICERS AND DIF	RECTORS	Trust Fund Contrib	oution.		Added to Fees	Flori	ida Depa	rtment of S	ate
TITLE NAME	PD SHEEHAN	May 1, 2008 OFFICERS AND DIF	RECTORS	Trust Fund Contrib	oution. 1. TITLE HAME		Added to Fees	Flori	ida Depa	DIRECTORS IN	ate 10
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SHEEHAN 7125 NOF PANAMA VD KIMBLER	OFFICERS AND DIF N, PHILLIP RTH LAGOON DR #L CITY BEACH, FL 3240	RECTORS [Trust Fund Contrib	Dution. 11. ITLE IAME STREET ADDRESS CITY-ST-ZIP	少	Added to Fees ADDITIONS/CHANG	Flori GES TO OFFICER	ida Depa	DIRECTORS IN Change	10 Addition
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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: /

SIGNATURE (AND TYPED OR PRINTED NAME OF SIGNING GENCER OR DIRECTOR

1-3-08