

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jun 23, 2005 8:00 am
Secretary of State

06-23-2005 90001 020 ****61.25

DOCUMENT # 759501

1. Entity Name
SHADOWLAWN HOMEOWNER'S ASSOCIATION, INC.



Principal Place of Business
**2357 HARTSFIELD WAY
TALLAHASSEE, FL 32303 US**

Mailing Address
**2357 HARTSFIELD WAY
TALLAHASSEE, FL 32303 US**

DO NOT WRITE IN THIS SPACE



05162005 No Chg-NP CR2E037 (10/03)

4. FEI Number
59-2931800

Applied For
Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**MARSHALL, DALLAS
3108 LIVINGSTON RD
TALLAHASSEE, FL 32303**

**DO NOT WRITE
IN THIS SPACE**

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

William Dallas Marshall

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

5/31/05

**Filing Fee is \$61.25.
Due by September 7, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**VD
DILL, ROGER
6709 TIM TAM TRIAL
TALLAHASSEE, FL 32309**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**TD
SINGLETON, KEITH
2317 HARTSFIELD WAY
TALLAHASSEE, FL 32303**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**SD
HUTCHISON, ANNA KAY
2337 HARTSFIELD WAY
TALLAHASSEE, FL 32303**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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IN THIS SPACE**

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 empowered.

SIGNATURE:

Keith Singleton **Keith Singleton**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/16/05
Date

850-445-6936
Daytime Phone #