

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 759501

FILED
Mar 26, 2009
Secretary of State

Entity Name: SHADOWLAWN HOMEOWNER'S ASSOCIATION, INC.

Current Principal Place of Business:

2357 HARTSFIELD WAY
TALLAHASSEE, FL 32303 US

New Principal Place of Business:

Current Mailing Address:

528 E. PARK AVENUE
TALLAHASSEE, FL 32301 US

New Mailing Address:

1909 VINEYARD WAY
TALLAHASSEE, FL 32317 US

FEI Number: 59-2931800

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ISAACS, DAN
528 E. PARK AVENUE
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

MOON, STEPHEN D TREASUR
1909 VINEYARD WAY
TALLAHASSEE, FL 32317 US

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.

SIGNATURE: STEPHEN D. MOON

03/26/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: MARSHALL, DALLAS
Address: 3108 LIVINGSTON RD
City-St-Zip: TALLAHASSEE, FL 32303

Title: DP () Delete
Name: SINGLETON, KEITH
Address: 2317 HARTSFIELD WAY
City-St-Zip: TALLAHASSEE, FL 32303

Title: D () Delete
Name: KNEECE, MARY
Address: P.O. BOX 12891
City-St-Zip: TALLAHASSEE, FL 32317

Title: DT () Delete
Name: BRITTAIN, RASHID
Address: 2309 HARTSFIELD WAY
City-St-Zip: TALLAHASSEE, FL 32303

Title: D (X) Delete
Name: BOWERS, JACK
Address: 2525 HICKORY RIDGE RD
City-St-Zip: TALLAHASSEE, FL 32308

Title: D (X) Delete
Name: MOON, STEPHEN D
Address: 1909 VINEYARD WAY
City-St-Zip: TALLAHASSEE, FL 32317

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DVP (X) Change () Addition
Name: MARSHALL, DALLAS
Address: 3108 LIVINGSTON RD
City-St-Zip: TALLAHASSEE, FL 32303

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: DS (X) Change () Addition
Name: KNEECE, MARY
Address: P.O. BOX 12891
City-St-Zip: TALLAHASSEE, FL 32317

Title: DT (X) Change () Addition
Name: MOON, STEPHEN D
Address: 1909 VINEYARD WAY
City-St-Zip: TALLAHASSEE, FL 32317

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: STEPHEN D. MOON

TRES

03/26/2009

Electronic Signature of Signing Officer or Director

Date