

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 765161

FILED  
Feb 24, 2005  
Secretary of State

**Entity Name:** SHAW FARMS OF ALACHUA OWNERSHIP ASSOCIATION, INC

**Current Principal Place of Business:**

P.O. BOX 95  
ALACHUA, FL 32616 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 95  
ALACHUA, FL 32616 US

**New Mailing Address:**

**FEI Number:** 59-2630194

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

ESTES, ROBERT M.  
12208 NW 129TH TERRACE  
ALACHUA, FL 32615 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: ESTES, ROBERT M.  
Address: 12208 NW 129 TERR  
City-St-Zip: ALACHUA, FL

Title: DBM ( ) Delete  
Name: LAMOND, FRED  
Address: 11624 NW 129TH TERRACE  
City-St-Zip: ALACHUA, FL 32615

Title: DST ( ) Delete  
Name: ESTES, KAY L  
Address: 12208 NW 129TH TERRACE  
City-St-Zip: ALACHUA, FL 32615

Title: D ( ) Delete  
Name: WELTER, JIM  
Address: 12225 NW 129TH TERRACE  
City-St-Zip: ALACHUA, FL 32615

Title: D ( ) Delete  
Name: SCHAEFER, BILL  
Address: 12504 NW 116TH PLACE  
City-St-Zip: ALACHUA, FL 32615

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

Title: DBM (X) Change ( ) Addition  
Name: PORTER, BYRON  
Address: 13031 NW 123RD PLACE  
City-St-Zip: ALACHUA, FL 32615

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

Title: D (X) Change ( ) Addition  
Name: MATHENY, MICHAEL  
Address: 11905 NW 136TH STREET  
City-St-Zip: ALACHUA, FL 32615

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

I hereby certify that the information supplied with this filing does not qualify for the 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 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: ROBERT M. ESTES

PRES

02/24/2005

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date