2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 29, 2009
Secretary of State

DOCUMENT# 768178

Entity Name: THE SHAKER TREE PROPERTY OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

4934 SE 39 CT
OCALA, FL 34480

New Principal Place of Business:

Current Mailing Address:

4934 SE 39 CT
OCALA, FL 34480

New Mailing Address:

FEI Number: 20-8535666 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WINCHENBACH, LINDA L
5015 SE 39 COURT
OCALA, FL 34480 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:	P	( ) Delete
Name:	WINCHENBACH, LINDA L	
Address:	5015 SE 39 COURT	
City-St-Zip:	OCALA, FL 34480	
Title:	V	( ) Delete
Name:	HILL, ANNE R	
Address:	4966 SE 39 COURT	
City-St-Zip:	OCALA, FL 34480	
Title:	ST	( ) Delete
Name:	LUTTRELL, BARBARA L	
Address:	4934 SE 39 COURT	
City-St-Zip:	OCALA, FL 34480	
Title:	D	( ) Delete
Name:	LUTTRELL, LARRY	
Address:	4934 SE 39 CT	
City-St-Zip:	OCALA, FL 34480	
Title:	D	( ) Delete
Name:	HILL, JAMES P	
Address:	4966 SE 39 COURT	
City-St-Zip:	OCALA, FL 34480	
Title:	D	( ) Delete
Name:	KIRK, WILLIAM M	
Address:	4901 SE 39 CT	
City-St-Zip:	OCALA, FL 34480	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	T	(X) Change ( ) Addition
Name:	LUTTRELL, BARBARA L	
Address:	4934 SE 39 COURT	
City-St-Zip:	OCALA, FL 34480	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	D	(X) Change ( ) Addition
Name:	BLAIR, JUSTIN	
Address:	4966 SE 39 COURT	
City-St-Zip:	OCALA, FL 34480	
Title:	DS	(X) Change ( ) Addition
Name:	KIRK, WILLIAM M	
Address:	4901 SE 39 CT	
City-St-Zip:	OCALA, FL 34480	

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: WILLIAM KIRK DS 03/29/2009

Electronic Signature of Signing Officer or Director — Date