

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

**FILED**  
**May 06, 2005 8:00 am**  
**Secretary of State**

05-06-2005 90098 048 \*\*\*\*61.25

DOCUMENT # N0100001601  
 1. Entity Name  
 SHADDOCK ESTATES HOME OWNERS ASSOCIATION, INC.



Principal Place of Business  
 5902 BRECKENRIDGE PARKWAY  
 SUITE B  
 TAMPA, FL 33610

Mailing Address  
 5902 BRECKENRIDGE PARKWAY  
 SUITE B  
 TAMPA, FL 33610

50050153



2. Principal Place of Business  
 2000 E Edgewood Dr

3. Mailing Address  
 2000 E Edgewood Dr

Suite, Apt. #, etc.  
 Suite 214

Suite, Apt. #, etc.  
 Suite 214

04182005 Chg-NP CR2E037 (10/03)

City & State  
 Lakeland, FL

City & State  
 Lakeland, FL

4. FEI Number  
 59-3707354

Applied For  
 Not Applicable

Zip  
 33803

Country  
 USA

Zip  
 33803

Country  
 USA

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

REEBER, CHARLES  
 5902 BRECKENRIDGE PARKWAY  
 SUITE B  
 TAMPA, FL 33610

Name  
 Michael T. Wasnorowicz, Jr.

Street Address (P.O. Box Number is Not Acceptable)  
 122 Shaddock Drive

City  
 Auburndale FL 33823

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 *Michael T. Wasnorowicz, Jr.* DATE 4-29-05

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent Signature Required when Renewing)

Filing Fee is \$61.25  
 Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD  
 NAME REEBER, CHARLES  Delete  
 STREET ADDRESS 5902 BRECKENRIDGE PARKWAY  
 CITY - ST - ZIP TAMPA, FL 33610

TITLE P  
 NAME Susan Whitney  Change  Addition  
 STREET ADDRESS 101 Evergreen Dr  
 CITY - ST - ZIP Auburndale, FL 33823

TITLE VTD  
 NAME HEVIA, GUS  Delete  
 STREET ADDRESS 5902 BRECKENRIDGE PARKWAY  
 CITY - ST - ZIP TAMPA, FL 33610

TITLE VP  
 NAME David Brunner  Change  Addition  
 STREET ADDRESS 100 Shaddock Dr  
 CITY - ST - ZIP Auburndale, FL 33823

TITLE SD  
 NAME CARLSON, GREG  Delete  
 STREET ADDRESS 5902 BRECKENRIDGE PARKWAY  
 CITY - ST - ZIP TAMPA, FL 33610

TITLE  
 NAME  
 STREET ADDRESS  
 CITY - ST - ZIP  Change  Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY - ST - ZIP  Delete

TITLE D  
 NAME Antranette C. Robinson  Change  Addition  
 STREET ADDRESS 114 Shaddock Dr  
 CITY - ST - ZIP Auburndale, FL 33823

TITLE  
 NAME  
 STREET ADDRESS  
 CITY - ST - ZIP  Delete

TITLE T  
 NAME Pamela Gervase  Change  Addition  
 STREET ADDRESS 120 Shaddock Dr  
 CITY - ST - ZIP Auburndale, FL 33823

TITLE  
 NAME  
 STREET ADDRESS  
 CITY - ST - ZIP  Delete

TITLE S  
 NAME Michael T. Wasnorowicz, Jr.  Change  Addition  
 STREET ADDRESS 122 Shaddock Dr  
 CITY - ST - ZIP Auburndale, FL 33823

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: *Susan Whitney* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR SUSAN WHITNEY DATE 4-18-05 CRYSTINE PHIPPS