

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 04, 2007 8:00 am
Secretary of State

04-04-2007 90185 037 ****61.25

DOCUMENT # N01000001601

1. Entity Name

SHADDOCK ESTATES HOME OWNERS ASSOCIATION, INC.



Principal Place of Business

2000 E EDGEWOOD DR
SUITE 214
LAKELAND FL 33803

Mailing Address

2000 E. EDGEWOOD DR
SUITE 214
LAKELAND FL 33803

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3707354

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

1st MOORE

CR2E037 (10/06)



6. Name and Address of Current Registered Agent

WASNOROWICZ, MICHAEL T JR
122 SHADDOCK DRIVE
AUBURNDAL FL 33823

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

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

(NOTE: Registered Agent signature required when registering)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2007

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

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	VENEZIA, PATRICK	
STREET ADDRESS	108 EVERGREEN DR	
CITY ST ZIP	AUBURNDAL FL 33823	
TITLE	V	<input type="checkbox"/> Delete
NAME	STARR, BRIAN	
STREET ADDRESS	106 SHADDOCK DR	
CITY ST ZIP	AUBURNDAL FL 33823	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	MUNROE, SCOTT	
STREET ADDRESS	127 EVERGREEN DR	
CITY ST ZIP	AUBURNDAL FL 33823	
TITLE	P	<input type="checkbox"/> Delete
NAME	WASNOROWICZ, MICHAEL	
STREET ADDRESS	122 SHADDOCK DR	
CITY ST ZIP	AUBURNDAL FL 33823	
TITLE	S	<input type="checkbox"/> Delete
NAME	BADEN, TYRAN	
STREET ADDRESS	124 SHADDOCK DR	
CITY ST ZIP	AUBURNDAL FL 33823	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY ST ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY ST ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY ST ZIP		
TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FLOWERDEW, JULIE	
STREET ADDRESS	123 EVERGREEN DR	
CITY ST ZIP	AUBURNDAL, FL 33823	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MUNROE, SCOTT	
STREET ADDRESS	127 EVERGREEN DR	
CITY ST ZIP	AUBURNDAL, FL 33823	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY ST ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY ST ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/20/07