

# **2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N01000003215

**FILED**  
**Jan 31, 2012**  
**Secretary of State**

**Entity Name:** SHAKETT CREEK POINTE HOMEOWNERS' ASSOCIATION, INC.

**Current Principal Place of Business:**

725 SHAKETT CREEK DR  
NOKOMIS, FL 34275

**New Principal Place of Business:**

705 SHAKETT CREEK DR  
NOKOMIS, FL 34275

**Current Mailing Address:**

P.O. BOX 381  
NOKOMIS, FL 34274

**New Mailing Address:**

**FEI Number:** 27-0005562

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

LINENGER, SUE  
725 SHAKETT CREEK DR.  
NOKOMIS, FL 34275 US

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

DEPAOLIS, ALBINA  
705 SHAKETT CREEK DR.  
NOKOMIS, FL 34275 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: ALBINA DEPAOLIS

01/31/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D  
Name: MAPP, TIM  
Address: 712 SHAKETT CREEK DR  
City-St-Zip: NOKOMIS, FL 34275

Title: D  
Name: DEPAOLIS, ALBINA  
Address: 705 SHAKETT CREEK DR  
City-St-Zip: NOKOMIS, FL 34275

Title: D  
Name: OVEREND, GILES  
Address: 734 SHAKETT CREEK DR  
City-St-Zip: NOKOMIS, FL 34275

Title: D  
Name: EAMON, DONNA  
Address: 714 SHAKETT CREEK DR  
City-St-Zip: NOKOMIS, FL 34275

I hereby 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 all other like empowered.

SIGNATURE: ALBINA DEPAOLIS

D

01/31/2012

Electronic Signature of Signing Officer or Director

Date