
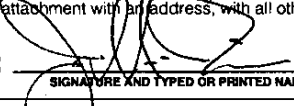


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2005 8:00 am
Secretary of State

04-19-2005 90398 050 ****61.25

DOCUMENT # N01000008762 1. Entity Name SHINDLER CROSSING HOMEOWNERS ASSOCIATION, INC.			
Principal Place of Business 3108 U SHWY 17 SOUTH ORANGE PARK, FL 32003		Mailing Address 3108 U SHWY 17 SOUTH ORANGE PARK, FL 32003	
2. Principal Place of Business 4213 County Rd. 218 Suite, Apt. #, etc. Suite 1		3. Mailing Address P.O. Box 949 Suite, Apt. #, etc.	
City & State Middleburg, FL		City & State Middleburg, Florida	
Zip 32068		Zip 32068	
Country US		Country US	
4. FEI Number 01-0688432		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent YONGE, PHILLIP D 3108 U SHWY 17 SOUTH ORANGE PARK, FL 32003		7. Name and Address of New Registered Agent Name DELCOMYN, VINA Street Address (P.O. Box Number is Not Acceptable) 4213 County Road 218 City Middleburg FL Zip Code 32068	
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 Vina C. Delcomyn VINA DELCOMYN 4/18/05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 NAME STREET ADDRESS CITY-ST-ZIP D YONGE, PHILLIP D 3108 U SHWY 17 SOUTH ORANGE PARK, FL 32003	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP D Sigbee, Linda L 8905 Shindler Crossing Dr. Jacksonville, FL 32222	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP D ARAMOONIE, EMIL 7203 SAN PEDRO ROAD JACKSONVILLE, FL 32217	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP VP Pedro G. Ramdas 9006 Shindler Crossing Dr. Jax, FL 32222	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP D MURPHY, MONTY 3108 US HWY 17 S ORANGE PARK, FL 32003	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP Treasurer Cheryl Gresham 8912 Shindler Crossing Dr JAX, FL 32222	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP (Empty)	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP Secretary Donna Buppell 9080 Shindler Crossing Dr. Jax FL 32222	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP (Empty)	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP VP Soc. 1-son 8912 Shindler Crossing Dr. Jacksonville, FL 32222	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP (Empty)	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP D Baskin, Belynda 8826 Shindler Crossing Dr. Jacksonville, FL 32222	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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: 		4-14-05 Date	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	

50038951



01122005 Chg-NP CR2E037 (10/03)