

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000008762

FILED
Apr 10, 2008
Secretary of State

Entity Name: SHINDLER CROSSING HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

4213 COUNTY RD #218, STE 1
MIDDLEBURG, FL 32068

New Principal Place of Business:

Current Mailing Address:

PO BOX 949
MIDDLEBURG, FL 32068

New Mailing Address:

FEI Number: 01-0688432

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DELCOMYN, VINA
4213 COUNTY ROAD #218
MIDDLEBURG, FL 32068 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: D () Delete
Name: SIGSBEE, LINDA L
Address: 8905 SHINDLER CROSSING DR
City-St-Zip: JACKSONVILLE, FL 32222

Title: P () Delete
Name: BUNNELL, DONNA
Address: 9080 SHINDLER CROSSING DR.
City-St-Zip: JACKSONVILLE, FL 32222

Title: T () Delete
Name: MOORE, CRAIG
Address: 9087 SHINDLER CROSSING DRIVE
City-St-Zip: JACKSONVILLE, FL 32222

Title: SECD () Delete
Name: GRESHAM, CHERYL
Address: 8913 SHINDLER CROSSING DRIVE
City-St-Zip: JACKSONVILLE, FL 32222

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: DONNA BUNNELL

PD

04/10/2008

Electronic Signature of Signing Officer or Director

Date