

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 12, 2007 8:00 am**  
**Secretary of State**

03-12-2007 90085 026 \*\*\*\*61.25

<b>DOCUMENT # N03000001731</b>					
<b>1. Entity Name</b> SHANNON'S WALK PROPERTY OWNERS ASSOCIATION, INC.					
<b>Principal Place of Business</b> 4734 51ST COURT VERO BEACH, FL 32967			<b>Mailing Address</b> 4734 51ST COURT VERO BEACH, FL 32967		
<b>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
<b>City &amp; State</b>		<b>City &amp; State</b>			
<b>Zip</b>	<b>Country</b>	<b>Zip</b>	<b>Country</b>	<b>4. FEI Number</b> 02-0671259	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  ANDERSON, NANCY K 4734 51ST COURT VERO BEACH, FL 32967			<b>7. Name and Address of New Registered Agent</b>  Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span><b>Zip Code</b></span> </div>		
<b>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.</b>					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		<b>9. Election Campaign Financing</b> <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>			
<b>TITLE</b> VS	<b>NAME</b> ANDERSON, MARY		<b>TITLE</b> (Secretary)		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>STREET ADDRESS</b> 301 W CAMINO GARDENS BLVD STE 200	<b>STREET ADDRESS</b> BOCA RATON, FL 33432		<b>NAME</b> Anderson, Nancy		<b>STREET ADDRESS</b> 4734 51st Ct.
<b>CITY-ST-ZIP</b> BOCA RATON, FL 33432	<input type="checkbox"/> Delete		<b>CITY-ST-ZIP</b> Vero Bch, FL 32967		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> DP	<b>NAME</b> LOPER, ALEX		<b>TITLE</b> Lopez, Alex		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>STREET ADDRESS</b> 301 W CAMINO GARDENS BLVD	<b>STREET ADDRESS</b> BOCA RATON, FL 33432		<b>STREET ADDRESS</b> 4722 51st Ct.		<b>CITY-ST-ZIP</b> Vero Bch, FL 32967
<b>CITY-ST-ZIP</b> BOCA RATON, FL 33432	<input type="checkbox"/> Delete		<b>TITLE</b> (Treasurer)		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>TITLE</b> DT	<b>NAME</b> WEEMS, DERRICK		<b>NAME</b> Miller, Marcia		<b>STREET ADDRESS</b> 4744 51st Ct.
<b>STREET ADDRESS</b> 301 W CAMINO GARDENS BLVD STE 200	<b>STREET ADDRESS</b> BOCA RATON, FL 33432		<b>CITY-ST-ZIP</b> Vero Bch, FL 32967		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>CITY-ST-ZIP</b> BOCA RATON, FL 33432	<input checked="" type="checkbox"/> Delete		<b>TITLE</b> (Vice President)		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> D	<b>NAME</b> POLVAN, JAY		<b>NAME</b> Polvan, Jay		<b>STREET ADDRESS</b> 4819 51st Ct.
<b>STREET ADDRESS</b> 301 W CAMINO GARDENS BLVD STE 200	<b>STREET ADDRESS</b> BOCA RATON, FL 33432		<b>CITY-ST-ZIP</b> Vero Bch, FL 32967		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>CITY-ST-ZIP</b> BOCA RATON, FL 33432	<input type="checkbox"/> Delete		<b>TITLE</b> (President)		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>TITLE</b> D	<b>NAME</b> VIOLA, TINO		<b>NAME</b> Beaulieu, Dick		<b>STREET ADDRESS</b> 4843 51st Ct.
<b>STREET ADDRESS</b> 301 W CAMINO GARDENS BLVD STE 200	<b>STREET ADDRESS</b> BOCA RATON, FL 33432		<b>CITY-ST-ZIP</b> Vero Bch, FL 32967		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>CITY-ST-ZIP</b> BOCA RATON, FL 33432	<input checked="" type="checkbox"/> Delete		<b>TITLE</b> 		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>TITLE</b> 	<b>NAME</b> 		<b>NAME</b> McKinnon, David		<b>STREET ADDRESS</b> 4845 51st Ct.
<b>STREET ADDRESS</b> 	<b>STREET ADDRESS</b> 		<b>CITY-ST-ZIP</b> Vero Bch, FL 32967		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>CITY-ST-ZIP</b> 	<input type="checkbox"/> Delete		<b>12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.</b>		
<b>SIGNATURE:</b> <i>Marcia Miller</i> <i>March 9, 2007</i>					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					