


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2007 8:00 am
Secretary of State

04-09-2007 90066 029 ****61.25

DOCUMENT # N03000010850 1. Entity Name THE SHOALS PROPERTY OWNER'S ASSOCIATION, INC.																																																							
Principal Place of Business 903 ACADEMY DR BRANDON, FL 33511			Mailing Address 903 ACADEMY DR BRANDON, FL 33511																																																				
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																																																				
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent																																																			
DISHMON, MARY 903 ACADEMY DR BRANDON, FL 33511				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>																																																			
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small> <div style="float: right;">DATE _____</div>																																																							
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees																																																			
<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> 10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 45%;">D</td> <td style="width: 15%; text-align: center;"><input checked="" type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>DISHMON, JOHN</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>903 ACADEMY DR</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>BRANDON, FL 33511</td> <td></td> </tr> </table> </div> <div style="width: 48%;"> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 45%;">D</td> <td style="width: 15%; text-align: center;"><input checked="" type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>DISHMON, MARY B</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>903 ACADEMY DR</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>BRANDON, FL 33511</td> <td></td> </tr> </table> </div> </div>						TITLE	D	<input checked="" type="checkbox"/> Delete	NAME	DISHMON, JOHN		STREET ADDRESS	903 ACADEMY DR		CITY-ST-ZIP	BRANDON, FL 33511		TITLE	D	<input checked="" type="checkbox"/> Delete	NAME	DISHMON, MARY B		STREET ADDRESS	903 ACADEMY DR		CITY-ST-ZIP	BRANDON, FL 33511		<div style="width: 48%;"> 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 45%;">PRESIDENT</td> <td style="width: 15%; text-align: center;"><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>RICHARD BARRETT</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>918 SHOALS LANDING DR</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>BRANDON, FL 33511</td> <td></td> </tr> </table> </div> <div style="width: 48%;"> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 45%;">VICE PRESIDENT</td> <td style="width: 15%; text-align: center;"><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>RICHARD GASPAR</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>8802 DYER RD</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>RIVER VIEW, FL 33569</td> <td></td> </tr> </table> </div>		TITLE	PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME	RICHARD BARRETT		STREET ADDRESS	918 SHOALS LANDING DR		CITY-ST-ZIP	BRANDON, FL 33511		TITLE	VICE PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME	RICHARD GASPAR		STREET ADDRESS	8802 DYER RD		CITY-ST-ZIP	RIVER VIEW, FL 33569	
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