


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2008 8:00 am
Secretary of State

04-14-2008 90035 018 ****61.25

EPDVNFOU!\$ N03000010850 2/ Entity Name THE SHOALS PROPERTY OWNER'S ASSOCIATION, INC.	
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Principal Place of Business : 14!BOEFNZIES CSCEPO!GM144622	Mailing Address : 14!BOEFNZIES CSCEPO!GM144622
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40067329



3/ Principal Place of Business - No P.O. Box # 922 SHOALS LANDING DR Suite, Apt. #, etc.	4/ Mailing Address 922 SHOALS LANDING DR Suite, Apt. #, etc.
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01282008 DI h.OQ DS3F148)23017*

City & State BRANDON, FL	City & State BRANDON, FL
Zip 33511	Country HILLSBOROUGH
Zip 33511	Country HILLSBOROUGH

5/ FEI Number 20-0332993	Applied For Not Applicable
6/ Certificate of Status Desired <input type="checkbox"/>	9/86 Beejupobm Gf f ISf r vj s e

DISHMON, MARY 903 ACADEMY DR BRANDON, FL 33511	Name KRISTIN CARDE Street Address (P.O. Box Number is Not Acceptable) 922 SHOALS LANDING DR City BRANDON, FL GM Zip Code 33511
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9/ 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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering) DATE _____

Filing Fee is \$61.25 Due by May 1, 2008	1/ Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	9/6/11 NbziGf Beef etupGf t	Nbif di f d l qbzberh p Gpsjeb Ef qbsun f oupg Tufb
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21/ OFFICERS AND DIRECTORS		22/ ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BARRETT, RICHARD 918 SHOALS LANDING DR BRANDON, FL 33511 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST DISHMON, MARY B 903 ACADEMY DR BRANDON, FL 33511 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST. KRISTIN CARDE 922 SHOALS LANDING DR. BRANDON, FL 33511 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GASPAR, RICHARD 8802 DYER RD RIVERVIEW, FL 33569 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP VERN SCHOONMAKER 925 SHOALS LANDING DR BRANDON, FL 33511 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

23/ 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.

T.JOBVVSF: Kristin Carde KRISTIN CARDE 1/3/08 813 476-2730
Date Daytime Phone #