2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State
05-01-2006 90429 017 ****61.25

DOCUMENT # N05000001337

1. Entity Name
SHADOW PINES HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business	Mailing Address
881 KELLY AIRE DR. DESTIN, FL 32541	P.O. BOX 1895 DESTIN, FL 32540

JUU1060U

04172006 Chg-NP CR2E037 (11/05)

2. Principal Place of Business	3. Mailing Address
114 Palmetto St	
Suite, Apt. #, etc.: #2	Suite, Apt. #, etc.:
City & State: Destin FL	City & State:
Zip: 32541 Country: USA	Zip: Country:

4. FEI Number: 202334222 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
HARTMAN, DANIEL W ARD, SHIRLEY & HARTMAN P.A. 207 WEST PARK AVENUE, SUITE B TALLAHASSEE, FL 32301	SeaCoast Association Management 114 Palmetto Street #2 Destin, FL 32541 Zip Code

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 [signature] Walt Leirer 4.26.6
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25 **Due by May 1, 2006**	9. Election Campaign Financing Trust Fund Contribution. ☐	**$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: President NAME: Mike Senior STREET ADDRESS: 61 Cullman Ave CITY-ST-ZIP: Santa Rosa Beach, FL 32459	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE: manager NAME: Walt Leirer STREET ADDRESS: Post office Box 1895 CITY-ST-ZIP: Destin, FL 32541	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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.

SIGNATURE: [signature] Walt Leirer 4.26.6 (850)654-6540
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #