

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 26, 2007 8:00 am
Secretary of State

03-26-2007 90068 040 ****61.25

DOCUMENT # N05000001337

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



Principal Place of Business
**114 PALMETTO ST
2
DESTIN, FL 32541**

Mailing Address
**P.O. BOX 1895
DESTIN, FL 32540**

2. Principal Place of Business - No P.O. Box #

**12273 US Hwy 98
Suite 204A**

3. Mailing Address

P.O. Box 1895

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Destin FL

City & State

Destin FL

Zip

32550

Country

Walton

Zip

32540

Country

Ocala

03132007

Chg-NP

CR2E037 (12/06)

4. FEI Number
20-2334222

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**SEACOAST ASSOCIATION MGMT
114 PALMETTO ST 2
DESTIN, FL 32541**

7. Name and Address of New Registered Agent

Name **Seacoast Association Management Inc.**

Street Address (P.O. Box Number is Not Acceptable)

12273 US Hwy 98 Suite 204A

% Walt Leirer

City

Destin

FL

Zip Code

32550

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

Walt Leirer

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

3.14.7

DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

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

TITLE **P** ☐ Delete
NAME **SENIOR, MIKE**
STREET ADDRESS **61 CULLMAN AVE**
CITY-ST-ZIP **SANTA ROSA BEACH, FL 32459**

TITLE **MGR** ☐ Delete
NAME **LEIRER, WALT**
STREET ADDRESS **POB 1895**
CITY-ST-ZIP **DESTIN, FL 32541**

TITLE **---** ☐ Delete
NAME **---**
STREET ADDRESS **---**
CITY-ST-ZIP **---**

TITLE **---** ☐ Delete
NAME **---**
STREET ADDRESS **---**
CITY-ST-ZIP **---**

TITLE **---** ☐ Delete
NAME **---**
STREET ADDRESS **---**
CITY-ST-ZIP **---**

TITLE **---** ☐ Delete
NAME **---**
STREET ADDRESS **---**
CITY-ST-ZIP **---**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **P** ☐ Change ☒ Addition
NAME **Carol Martin**
STREET ADDRESS **1001 Cardova Dr. NE**
CITY-ST-ZIP **Atlanta GA 30324**

TITLE **V** ☐ Change ☒ Addition
NAME **Dan Edwards**
STREET ADDRESS **80 Jump St.**
CITY-ST-ZIP **Santa Rosa Beach, FL 32459**

TITLE **S/T** ☐ Change ☒ Addition
NAME **Pam Hundley**
STREET ADDRESS **187 Camp Creek Rd S**
CITY-ST-ZIP **Panama City FL 32413**

TITLE **D** ☒ Change ☐ Addition
NAME **Mike Senior**
STREET ADDRESS **61 Cullman Ave.**
CITY-ST-ZIP **Santa Rosa Beach, FL 32459**

TITLE **---** ☐ Change ☐ Addition
NAME **---**
STREET ADDRESS **---**
CITY-ST-ZIP **---**

TITLE **---** ☐ Change ☐ Addition
NAME **---**
STREET ADDRESS **---**
CITY-ST-ZIP **---**

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.

Walt Leirer **3.14.7**