

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000001337

FILED
Jan 30, 2009
Secretary of State

Entity Name: SHADOW PINES HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

12273 US HWY. 98
SUITE 204A
DESTIN, FL 32550

New Principal Place of Business:

15200 EMERALD COAST PARKWAY
ATTN: ASSOCIATION MANAGER OFFICE
DESTIN, FL 32541

Current Mailing Address:

P.O. BOX 1895
DESTIN, FL 32540

New Mailing Address:

FEI Number: 20-2334222

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SEACOAST ASSOCIATION MGMT
1223 US HWY. 98
SUITE 204A
DESTIN, FL 32550 US

Name and Address of New Registered Agent:

SEACOAST ASSOCIATION MGMT
15200 EMERALD COAST PARKWAY
DESTIN, FL 32541 US

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.

SIGNATURE: WALT LEIRER

01/30/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: SENIOR, MIKE
Address: 61 CULLMAN AVE
City-St-Zip: SANTA ROSA BEACH, FL 32459

Title: MGR () Delete
Name: LEIRER, WALT
Address: POB 1895
City-St-Zip: DESTIN, FL 32541

Title: P () Delete
Name: MARTIN, CAROL
Address: 1001 CARDOVA DR. NE
City-St-Zip: ATLANTA, GA 30324

Title: V () Delete
Name: EDWARDS, DAN
Address: 80 JUMP STREET
City-St-Zip: SANTA ROSA BEACH, FL 32459

Title: ST () Delete
Name: HUNDLEY, PAM
Address: 187 CAMP CREEK RD. S.
City-St-Zip: PANAMA CITY BEACH, FL 32413

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WALT LEIRER

MGR

01/30/2009

Electronic Signature of Signing Officer or Director

Date