

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000008510

FILED
Mar 03, 2006
Secretary of State

Entity Name: SHIPP RECK HARBOR HOMEOWNERS ASSN. INC.

Current Principal Place of Business:

101 SARGASSO LANE
WINTER HAVEN, FL 33880

New Principal Place of Business:

Current Mailing Address:

101 SARGASSO LANE
WINTER HAVEN, FL 33880

New Mailing Address:

FEI Number: 20-3405651

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

OTT, SHARON
101 SARGASSO LANE
WINTER HAVEN, FL 33880 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DC () Delete
Name: OTT, SHARON
Address: 101 SARGASSO LANE
City-St-Zip: WINTER HAVEN, FL 33880

Title: DA () Delete
Name: OAKLEY, RICHARD
Address: 112 SARGASSO LANE
City-St-Zip: WINTER HAVEN, FL 33880

Title: ST () Delete
Name: MULLER, BARBARA
Address: 70 CAPE HORN AVE.
City-St-Zip: WINTER HAVEN, FL 33880

Title: DM () Delete
Name: WHITE, RICHARD
Address: 81 CAPE HORN AVE.
City-St-Zip: WINTER HAVEN, FL 33880

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: DT (X) Change () Addition
Name: DAVIDSON, KATHRYN
Address: 111 SARGASSO LANE
City-St-Zip: WINTER HAVEN, FL 33880

Title: DS (X) Change () Addition
Name: MULLER, BARBARA
Address: 70 CAPE HORN AVE.
City-St-Zip: WINTER HAVEN, FL 33880

Title: DM (X) Change () Addition
Name: SIBEON, WILLIAM
Address: 10 CAPTAIN KIDD LANE
City-St-Zip: WINTER HAVEN, FL 33880

Title: DM () Change (X) Addition
Name: BOND, GAIL
Address: 74 CAPE HORN AVENUE
City-St-Zip: WINTER HAVEN, FL 33880

Title: DM () Change (X) Addition
Name: SHIPWAY, JOYCE
Address: 103 SARGASSO LANE
City-St-Zip: WINTER HAVEN, FL 33880

I hereby certify that the information supplied with this filing does not qualify for the 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: BARBARA MULLER

DS

03/03/2006

Electronic Signature of Signing Officer or Director

Date