


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2008 8:00 am
Secretary of State

04-24-2008 90108 004 ****70.00

DOCUMENT # N05000008510 1. Entity Name SHIPP RECK HARBOR HOMEOWNERS ASSN. INC.					
Principal Place of Business 35 KEY WEST AVENUE WINTER HAVEN, FL 33880			Mailing Address 35 KEY WEST AVENUE WINTER HAVEN, FL 33880		
2. Principal Place of Business - No P.O. Box # 23 Key West Ave.		3. Mailing Address 23 Key West Ave.			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State Winter Haven, FL		City & State Winter Haven, FL		4. FEI Number 20-3405651	
Zip 33880		Country Polk		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SIBEON, BILL 10 CAPTAIN KIDD LANE WINTER HAVEN, FL 33880			7. Name and Address of New Registered Agent Name Sharon Ott Street Address (P.O. Box Number is Not Acceptable) 101 Sargasso Lane City Winter Haven FL Zip Code 33880		
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 <u>Frances H Parrow</u> (NOTE: Registered Agent signature required when reinstating) DATE <u>04-22-08</u>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 NAME STREET ADDRESS CITY-ST-ZIP	DP SIBEON, BILL 10 CAPTAIN KIDD LANE WINTER HAVEN, FL 33880	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP Sharon Ott 101 Sargasso Lane Winter Haven, FL 33880	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV CLAFLIN, RALPH 4 CAPTAIN KIDD LANE WINTER HAVEN, FL 33880	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV Joyce Shipway 103 Sargasso Lane Winter Haven, FL 33880	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS ALLMON, LYNN 35 KEY WEST AVENUE WINTER HAVEN, FL 33880	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS Cheryl Henry 23 Key West Ave. Winter Haven, FL 33880	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT KAVIDSON, KATHRYN 111 SARGASSO LANE WINTER HAVEN, FL 33880	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT Fran Parrow 100 Sargasso Lane Winter Haven, FL 33880	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DM BOND, GAIL 74 CAPE HORN AVENUE WINTER HAVEN, FL 33880	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DM Alice Patch 80 Cape Horn Ave. Winter Haven, FL 33880	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DM BARRETT, ROSS 61 HATTERAS AVENUE WINTER HAVEN, FL 33880	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: <u>Frances H Parrow</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <u>04-22-08</u> Daytime Phone # <u>863-291-7214</u>		