

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2006 8:00 am
Secretary of State

05-04-2006 90246 013 ****61.25

DOCUMENT # N05000012460

1. Entity Name
SHALLOW WAY CONDOMINIUM OWNERS'
ASSOCIATION, INC.



Principal Place of Business
909 MAR WALT DR
STE 1014
FT WALTON BEACH, FL 32547

Mailing Address
909 MAR WALT DR
STE 1014
FT WALTON BEACH, FL 32547

50018488



2. Principal Place of Business
845 Overbrook Drive
Suite, Apt. #, etc.

3. Mailing Address
845 Overbrook Drive
Suite, Apt. #, etc.

04122006 Chg-NP CR2E037 (11/05)

City & State
Ft. Walton Beach, FL 32547
Zip Country

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Ft. Walton Beach, FL 32547
Zip Country

4. FEI Number ☒ Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

PETERMANN, RICHARD P
25 WALTER MARTIN RD NE
FT WALTON BEACH, FL 32548

7. Name and Address of New Registered Agent

Name
Richard P. Petermann
Street Address (P.O. Box Number is Not Acceptable)
909 Mar Walt Drive, Suite 1014
City
Ft. Walton Beach FL Zip Code
32547

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, 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

TITLE PD ☐ Delete
NAME MURBARAK, ZIAD
STREET ADDRESS 845 OVERBROOK DR
CITY-ST-ZIP FT WALTON BEACH, FL 32547

TITLE VPD ☐ Delete
NAME MURBARAK, NEDAL
STREET ADDRESS 845 OVERBROOK DR
CITY-ST-ZIP FT WALTON BEACH, FL 32547

TITLE STD ☐ Delete
NAME MURBARAK, REYAD
STREET ADDRESS 845 OVERBROOK DR
CITY-ST-ZIP FT WALTON BEACH, FL 32547

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

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

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

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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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-17-06 225-9122
850