
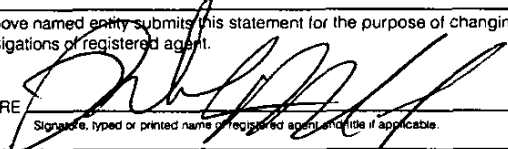
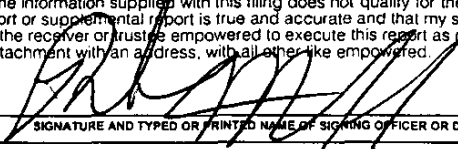


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Sep 29, 2008 8:00 A.M.**  
**Secretary of State**

DOCUMENT # N06000004622					
1. Entity Name <b>SHILOH PLACE TOWNHOMES OWNERS ASSOCIATION, INC.</b>					
Principal Place of Business 1775 LEWIS TURNER BLVD. SUITE 202 FT. WALTON BEACH, FL 32547			Mailing Address 1775 LEWIS TURNER BLVD. SUITE 202 FT. WALTON BEACH, FL 32547		
2. Principal Place of Business - No P.O. Box # <b>135 Perry Avenue SE</b> Suite, Apt. #, etc.		3. Mailing Address <b>135 Perry Avenue SE</b> Suite, Apt. #, etc.			
City & State <b>Ft. Walton Beach, Florida</b>		City & State <b>Ft. Walton Beach, Florida</b>		4. FEI Number <b>20-4796283</b>	
Zip <b>32547</b>		Country <b>Okaloosa</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>ADEN, TIMOTHY C</b> <b>17 POQUITO ROAD</b> <b>SHALIMAR, FL 32579</b>			7. Name and Address of New Registered Agent  Name <b>Richard L. Manley, JR.</b> Street Address (P.O. Box Number is Not Acceptable) <b>135 Perry Avenue SE</b>  City <b>Ft. Walton Beach,</b> <b>FL</b> Zip Code <b>32547</b>		
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  <span style="float: right;">9/25/08</span> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25</b> <b>Due by September 12, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to</b> <b>Florida Department of State</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <b>MALLIN, SHAWN G</b> <b>5 BEDFORD PLACE, NE</b> <b>FT WALTON BCH, FL 32547</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>President</b> <b>Richard L. Manley, Jr.</b> <b>135 Perry Avenue SE</b> <b>Ft. Walton Beach, FL 32547</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD <b>SHAFFIELD, ANNE</b> <b>5403 BLACKFOOT ROAD</b> <b>CRESTVIEW, FL 32536</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	800136535328 10/01/08--01052--011 ***61.25	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD <b>ADEN, TIMOTHY C</b> <b>17 POQUITO ROAD</b> <b>SHALIMAR, FL 32579</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<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:  <span style="float: right;">9/25/08 850-463-4064</span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					