

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N06000004622

**FILED**  
**Feb 18, 2011**  
**Secretary of State**

**Entity Name:** SHILOH PLACE TOWNHOMES OWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

135 PERRY AVENUE SE  
FT. WALTON BEACH, FL 32548

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 2977  
FT. WALTON BEACH, FL 32549

**New Mailing Address:**

**FEI Number:** 20-4796283

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CALDARELLI, STEVE P  
135 PERRY AVENUE SE  
FT. WALTON BEACH, FL 32548 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:** P  
**Name:** CALDARELLI, STEVE P  
**Address:** 135 PERRY AVENUE SE  
**City-St-Zip:** FT. WALTON BEACH, FL 32548

**Title:** VP  
**Name:** COOPER, NATALIE  
**Address:** 135 PERRY AVENUE SE  
**City-St-Zip:** FORT WALTON BEACH, FL 32548

**Title:** S/T  
**Name:** LIBBENGA, EDITH  
**Address:** 135 PERRY AVENUE SE  
**City-St-Zip:** FORT WALTON BEACH, FL 32548

I hereby 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 all other like empowered.

**SIGNATURE:** EDITH LIBBENGA

S/T

02/18/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date