


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 07, 2007 8:00 am
Secretary of State

02-07-2007 90044 020 ****61.25

DOCUMENT # N06000004752	
1. Entity Name SHELMAR PROPERTY OWNER'S ASSOCIATION, INC.	

Principal Place of Business 6365 LAKE CHARM CIRCLE OVIEDO FL 32765	Mailing Address P.O. BOX 621081 OVIEDO FL 32762
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2. Principal Place of Business - No P.O. Box # 1490 Swanson Dr. Suite, Apt. #, etc. Suite 200 City & State Oviedo, FL Zip 32765	Country US	3. Mailing Address 1490 Swanson Dr. Suite, Apt. #, etc. Suite 200 City & State Oviedo, FL Zip 32765	Country US
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1st MOORE CR2E037 (10/06)

4. FEI Number 20-4795179	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent KARL A. BURGUNDER, ATTORNEY AT LAW, P.L. 830 EYRIE DR. SUITE 6C OVIEDO FL 32765

7. Name and Address of New Registered Agent Name Karl A. Burgunder Street Address (P.O. Box Number is Not Acceptable) 1490 Swanson Dr. Suite 200 City Oviedo FL Zip Code 32765
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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 Karl A. Burgunder (NOTE: Registered Agent signature returned when reinstating)
DATE Jan. 29, 2007

FILE NOW: FEE IS \$61.25 Due By May 1, 2007	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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President, Treasurer, Asst. Sec., Director Karl A. Burgunder 1490 Swanson Dr., Suite 200 Oviedo FL 32765 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	← see <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP, Asst. Treasurer, Director Melissa Hubbard 1480 Swanson Dr. Oviedo FL 32765 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	← see <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP, Secretary, Director Stephen Hoy 1486 Swanson Dr. Oviedo, FL 32765 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	← see <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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	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	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 Section 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: Karl A. Burgunder, President 407-366-
DATE: Jan 29, 2007 3535