


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N13663 1. Entity Name SHAW PLANTATION HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business P O BOX 614 WOODVILLE, FL 32362		Mailing Address P O BOX 614 WOODVILLE, FL 32362			
2. Principal Place of Business - No P.O. Box # TALLAHASSEE, FL 32305		3. Mailing Address 			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State 		City & State 			
Zip 	Country 	Zip 	Country 	4. FEI Number NOT APPLICABLE	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DREXEL, PATRICIA 9004 CELIA COURT TALLAHASSEE, FL 32305			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing 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					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRAD DREXEL, PATRICIA 9004 CELIA COURT TALLAHASSEE, FL 32305		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD OAKS, STEPHEN 118 ELENA DR TALLAHASSEE, FL 32305		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 400097570694 04/19/07--01032--028 **61.25	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD WILSON, MARCY 118 ELENA DRIVE TALLAHASSEE, FL 32305		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition D	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD CHERRY, LUCY 125 ELENA DR TALLAHASSEE, FL 32305		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AVP KILROY, RON 9022 MELLISSA CT TALLAHASSEE, FL 32305		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition VP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GASKILL, BOB 9004 CELIA COURT TALLAHASSEE, FL 32305		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition SD KAREN FRANKLIN 19 TALLAHASSEE	

FILED

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SECRETARY OF STATE
TALLAHASSEE FLORIDA



04012007 Chg-NP CR2E037 (12/06)

4. FEI Number
NOT APPLICABLE

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

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, 2007

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
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Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PRAD
DREXEL, PATRICIA
9004 CELIA COURT
TALLAHASSEE, FL 32305

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VPD
OAKS, STEPHEN
118 ELENA DR
TALLAHASSEE, FL 32305

☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SD
WILSON, MARCY
118 ELENA DRIVE
TALLAHASSEE, FL 32305

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TD
CHERRY, LUCY
125 ELENA DR
TALLAHASSEE, FL 32305

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
AVP
KILROY, RON
9022 MELLISSA CT
TALLAHASSEE, FL 32305

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
GASKILL, BOB
9004 CELIA COURT
TALLAHASSEE, FL 32305

☒ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
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☐ Change ☐ Addition

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04/19/07--01032--028 **61.25

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VP

TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Change ☒ Addition
SD KAREN FRANKLIN
19 TALLAHASSEE

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 #