

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N14919

FILED
Jan 06, 2005
Secretary of State

Entity Name: SHOEMAKER ESTATES ASSOCIATION, INC.

Current Principal Place of Business:

2639 SHOEMAKER LANE
MOUNT DORA, FL 32757

New Principal Place of Business:

Current Mailing Address:

2639 SHOEMAKER LANE
MOUNT DORA, FL 32757

New Mailing Address:

FEI Number: 59-2880450

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CAMP,TIM
2639 SHOEMAKER LANE
MT DORA, FL 32757 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: STD () Delete
Name: CAMP,TIM,
Address: 2639 SHOEMAKER LANE
City-St-Zip: MOUNT DORA, FL 32757

Title: P/D () Delete
Name: DAMASK,LEROY,
Address: 2601 SHOEMAKER LANE
City-St-Zip: MT DORA, FL 32757

Title: V/D () Delete
Name: DUNCAN,NORMAN,
Address: 705 SUMMITT ST
City-St-Zip: MOUNT DORA, FL 32757

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: TIM CAMP

SEC.

01/06/2005

Electronic Signature of Signing Officer or Director

Date