

# **2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N14919

**FILED**  
**Jan 12, 2012**  
**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:**

2700 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: T/D  
Name: WILKINS, CHRISTINA L  
Address: 2700 SHOEMAKER LANE  
City-St-Zip: MOUNT DORA, FL 32757

Title: P/D  
Name: CAMP, TIM  
Address: 2639 SHOEMAKER LANE  
City-St-Zip: MOUNT DORA, FL 32757

Title: V/D  
Name: FORTENBERRY, ALAN  
Address: 2640 SHOEMAKER LANE  
City-St-Zip: MOUNT DORA, FL 32757

Title: S/D  
Name: ADAMS, LAURA  
Address: 2619 SHOEMAKER LANE  
City-St-Zip: MOUNT DORA, FL 32757

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: CHRISTINA L WILKINS

T/D

01/12/2012

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

\_\_\_\_\_  
Date