


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

FILED
Jun 20, 2007 8:00 am
Secretary of State

04-12-2007 90049 006 ****61.25

66015000

1st MOORE CR2E037 (10/06)

DOCUMENT # N23707 1. Entity Name SHOAL RIVER HOMEOWNER'S ASSOCIATION INC.			
Principal Place of Business P.O. BOX 201 CRESTVIEW FL 32536 US		Mailing Address PO BOX 201 CRESTVIEW FL 32536 US	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent STEWART, TERRY 814 GAVERNIE CT CRESTVIEW FL 32539 XXXXXXXXXXXXXXXXXX		4. FEI Number 59-2866818 Applied For Not Applicable	
7. Name and Address of New Registered Agent Name <u>Shirley M. Shea</u> Street Address (P.O. Box Number is Not Acceptable) <u>4697 Lovegrass Lane</u> City <u>Crestview, FL</u> Zip Code <u>32539</u>		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
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 <u>Shirley M. Shea, Treasurer</u>		DATE <u>4/3/07</u>	
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			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY, ST, ZIP	PD <u>Lord, Ed</u> <input checked="" type="checkbox"/> Delete 709 SHOAL RIVER DR CRESTVIEW FL 32539 <u>Delete</u>	TITLE NAME STREET ADDRESS CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition Robert Langsten, <u>Director</u> 4684 Lovegrass Lane Crestview, FL 32539
TITLE NAME STREET ADDRESS CITY, ST, ZIP	SEC <u>Secretary</u> <input type="checkbox"/> Delete LABHART, RUTH 4690 LOVEGRASS LANE CRESTVIEW FL 32539	TITLE NAME STREET ADDRESS CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY, ST, ZIP	TRS <u>Delete</u> <input checked="" type="checkbox"/> Delete STEWART, TERRY 814 GAVERNIE CT CRESTVIEW FL 32539	TITLE NAME STREET ADDRESS CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY, ST, ZIP	Pres <u>President</u> <input type="checkbox"/> Delete Brewster, Thomas 301 Skyline Circle Crestview, FL 32539	TITLE NAME STREET ADDRESS CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY, ST, ZIP	<u>Director</u> <input type="checkbox"/> Delete Rex Rosseau 310 Skyline Circle Crestview, FL 32539	TITLE NAME STREET ADDRESS CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY, ST, ZIP	Trs. <u>Treasurer</u> <input type="checkbox"/> Delete Shirley Shea 4697 Lovegrass Lane Crestview, FL 32539	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: <u>Shirley Shea, Treasurer</u> , Shirley Shea		DATE: <u>3-20-07</u> 850-689-0783	



ATTACHMENT

FLORIDA DEPARTMENT OF STATE
Division of Corporations

66019500

April 17, 2007

SHOAL RIVER HOMEOWNER'S ASSOCIATION INC.
PO BOX 201
CRESTVIEW, FL 32536 US

Subject: SHOAL RIVER HOMEOWNER'S ASSOCIATION INC.

Reference Number: N23707

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$61.25; however, the report **has not been filed** and a copy is being returned for the following correction(s):

Provide the title(s) of each officer/director listed on the report or on an attachment.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/MH
ANNUAL REPORTS SECTION

NOTE:

I filled this out on 4/3/07. I was hospitalized in April. Please file ASAP. other two directors
SEC - Secretary
TRS - Treasurer
PRES - President

P.O. BOX 6327 - Tallahassee, Florida 32314