

2007 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED
Jul 23, 2007
Secretary of State**

DOCUMENT# N23707

Entity Name: SHOAL RIVER HOMEOWNER'S ASSOCIATION INC.**Current Principal Place of Business:**P.O.BOX 201
CRESTVIEW, FL 32536 US**New Principal Place of Business:**4690 LOVEGRASS LANE
CRESTVIEW, FL 32539 US**Current Mailing Address:**PO BOX 201
CRESTVIEW, FL 32536 US**New Mailing Address:****FEI Number:** 59-2866818 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()****Name and Address of Current Registered Agent:**SHEA, SHIRLEY M
4697 LOVEGRASS LANE
CRESTVIEW, FL 32539 US**Name and Address of New Registered Agent:**SHEA, SHIRLEY M
254 KIDD STREET
FORT WALTON BEACH, FL 32548 US

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: _____

07/23/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:**Title:** P () Delete
Name: LANGSTEN, ROBERT
Address: 4684 LOVEGRASS LANE
City-St-Zip: CRESTVIEW, FL 32539**Title:** SEC () Delete
Name: LABHART, RUTH
Address: 4690 LOVEGRASS LANE
City-St-Zip: CRESTVIEW, FL 32539**Title:** D () Delete
Name: ROSSEAU, REX
Address: 310 SKYLINE CIR
City-St-Zip: CRESTVIEW, FL 32539**Title:** T () Delete
Name: SHEA, SHIRLEY
Address: 4697 LOVEGRASS LANE
City-St-Zip: CRESTVIEW, FL 32539**Title:** () Delete
Name: _____
Address: _____
City-St-Zip: _____**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** VP (X) Change () Addition
Name: LANGSTEN, ROBERT
Address: 4684 LOVEGRASS LANE
City-St-Zip: CRESTVIEW, FL 32539 US**Title:** SEC (X) Change () Addition
Name: LABHART, RUTH
Address: 4690 LOVEGRASS LANE
City-St-Zip: CRESTVIEW, FL 32539 US**Title:** () Change () Addition
Name: _____
Address: _____
City-St-Zip: _____**Title:** T (X) Change () Addition
Name: SHEA, SHIRLEY
Address: 254 KIDD STREET
City-St-Zip: FORT WALTON BEACH, FL 32548 US**Title:** PRES () Change (X) Addition
Name: BREWSTER, THOMAS
Address: 301 SKYLINE CIRCLE
City-St-Zip: CRESTVIEW, FL 32539 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: RUTH A LABHART

SEC

07/23/2007

Electronic Signature of Signing Officer or Director

Date