

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N23707

FILED
Jan 14, 2008
Secretary of State

Entity Name: SHOAL RIVER HOMEOWNER'S ASSOCIATION INC.

Current Principal Place of Business:

4690 LOVEGRASS LANE
CRESTVIEW, FL 32539 US

New Principal Place of Business:

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
254 KIDD STREET
FORT WALTON BEACH, FL 32548 US

Name and Address of New Registered Agent:

LABHART, RUTH A
4690 LOVEGRASS LANE
CRESTVIEW, FL 32539 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: RUTH LABHART

01/14/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: VP () Delete
Name: LANGSTEN, ROBERT
Address: 4684 LOVEGRASS LANE
City-St-Zip: CRESTVIEW, FL 32539 US

Title: SEC () Delete
Name: LABHART, RUTH
Address: 4690 LOVEGRASS LANE
City-St-Zip: CRESTVIEW, FL 32539 US

Title: D () Delete
Name: ROSSEAU, REX
Address: 310 SKYLINE CIR
City-St-Zip: CRESTVIEW, FL 32539

Title: T () Delete
Name: SHEA, SHIRLEY
Address: 254 KIDD STREET
City-St-Zip: FORT WALTON BEACH, FL 32548 US

Title: PRES () Delete
Name: BREWSTER, THOMAS
Address: 301 SKYLINE CIRCLE
City-St-Zip: CRESTVIEW, FL 32539 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: S/T (X) Change () Addition
Name: LABHART, RUTH A
Address: 4690 LOVEGRASS LANE
City-St-Zip: CRESTVIEW, FL 32539 US

Title: D (X) Change () Addition
Name: BORTZ, SUSAN
Address: 209 SKYLINE CIR
City-St-Zip: CRESTVIEW, FL 32539

Title: D (X) Change () Addition
Name: SHEA, SHIRLEY
Address: 254 KIDD STREET
City-St-Zip: FORT WALTON BEACH, FL 32548 US

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

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

S/T

01/14/2008

Electronic Signature of Signing Officer or Director

Date