

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N26440

FILED
May 09, 2007
Secretary of State

Entity Name: SHELDON SHORES HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

8023 SHELDON RD UNIT #3
TAMPA, FL 33615

New Principal Place of Business:

8113 SHELDON SHORES DRIVE
TAMPA, FL 33615

Current Mailing Address:

8023 SHELDON RD UNIT #3
TAMPA, FL 33615

New Mailing Address:

8113 SHELDON SHORES DRIVE
TAMPA, FL 33615

FEI Number: 59-2885325 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

PAGES, SUSAN
8023 SHELDON RD UNIT #3
TAMPA, FL 336151959 US

Name and Address of New Registered Agent:

ATEHORTUA, ANGELA
8109 SHELDON SHORES DR.
TAMPA, FL 336151959 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: ANGELA ATEHORTUA

05/09/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: PAGES, SUSAN D
Address: 8023 SHELDON RD UNIT #3
City-St-Zip: TAMPA, FL 33615

Title: S () Delete
Name: SNYDER, CONNIE
Address: 8023 SHELDON RD 2
City-St-Zip: TAMPA, FL 33615

Title: TD () Delete
Name: HUDSON, ALICE
Address: 8023 SHELDON RD., APT. 7
City-St-Zip: TAMPA, FL 33615

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: ATEHORTUA, ANGELA
Address: 8109 SHELDON SHORES DR.
City-St-Zip: TAMPA, FL 33615

Title: S (X) Change () Addition
Name: NARVAEZ, NELSA
Address: 8123 SHELDON SHORES DR.
City-St-Zip: TAMPA, FL 33615

Title: TD (X) Change () Addition
Name: HUDSON, ALICE
Address: 8113 SHELDON SHORES DR.
City-St-Zip: TAMPA, FL 33615

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: ALICE HUDSON

TD

05/09/2007

Electronic Signature of Signing Officer or Director

Date