# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Apr 20, 2011**
**Secretary of State**

DOCUMENT# N39374

**Entity Name:** SHADOW RIDGE OF ORANGE CITY HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

847 LAUREL LEAF ST
ORANGE CITY, FL 32763 US

**New Principal Place of Business:**

811 LAUREL LEAF STREET
ORANGE CITY, FL 32763 US

**Current Mailing Address:**

PO BOX 741094
ORANGE CITY, FL 32774 US

**New Mailing Address:**

**FEI Number: 59-3052804** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

DEZEARN, HENRIETTA
847 LAUREL LEAF ST
ORANGE CITY, FL 32763 US

**Name and Address of New Registered Agent:**

JONES, TOM
811 LAUREL LEAF STREET
ORANGE CITY, FL 32763 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: TOM JONES 04/20/2011
Electronic Signature of Registered Agent Date

**OFFICERS AND DIRECTORS:**

Title: VP
Name: ANSELMI, AMY
Address: 801 LAUREL LEAF ST
City-St-Zip: ORANGE CITY, FL 32763

Title: T
Name: DEZEARN, HENRIETTA
Address: 847 LAUREL LEAF ST
City-St-Zip: ORANGE CITY, FL 32763

Title: S
Name: POISSON, NORM
Address: 725 WILLOW CREST STREET
City-St-Zip: ORANGE CITY, FL 32763

Title: D
Name: PETER, HEISE
Address: 803 WHITE BRICH COURT
City-St-Zip: ORANGE CITY, FL 32763

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: TOM JONES PRES 04/20/2011
Electronic Signature of Signing Officer or Director Date