2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 11, 2011
Secretary of State

DOCUMENT# N47639

Entity Name: SHADOW PINES ESTATES HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

C/O PAUL H OREL
1511 SHADOW PINES DR.
NEW SMYRNA BEACH, FL 32168 US

New Principal Place of Business:

Current Mailing Address:

P.O BOX 703272
NEW SMYRNA BEACH, FL 32170 US

New Mailing Address:

FEI Number: 59-3322089 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

OREL, PAUL H
1511 SHADOW PINES DR.
NEW SMYRNA BEACH, FL 32168 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PD
Name: OREL, PAUL H
Address: 1511 SHADOW PINES DR.
City-St-Zip: NEW SMYRNA BEACH, FL 32168

Title: DS
Name: COATS, MICHELLE
Address: 1580 SHADOW PINES DR
City-St-Zip: NEW SMYRNA BEACH, FL 32168

Title: DT
Name: LAMB, CHRISTINE
Address: 1571 SHADOW PINES DR
City-St-Zip: NEW SMYRNA BEACH, FL 32168

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: CHRISTINE LAMB DT 03/11/2011

Electronic Signature of Signing Officer or Director Date