

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N47639

FILED  
Apr 30, 2012  
Secretary of State

**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: GERTZ, EDNA  
Address: 1521 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: EDNA E. GERTZ

DT

04/30/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date