

2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT

DOCUMENT # N50144

1. Entity Name  
CINCO SHADOWS TOWNHOUSE ASSOCIATION, INC.



Principal Place of Business  
106 WATER ST  
UNIT E  
FT. WALTON BEACH, FL 32548

Mailing Address  
106 WATER ST.  
UNIT B  
FT WALTON BEACH, FL 32548 US

FILED  
Feb 07, 2005 08:00 AM  
Secretary of State



02032005 No Chg-NP CR2E037 (10/03)

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4. FEI Number 59-3143663	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DONNELSON, JEAN L  
106 WATER ST.  
UNIT B  
FT WALTON BEACH, FL 32548

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IN THIS SPACE

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25  
Due by May 1, 2005

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HICKSON, DAVID 106 WATER ST., UNIT E FT. WALTON BEACH, FL
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD DONNELSON, JEAN L 106 WATER ST., UNIT B FT WALTON BEACH, FL
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD POPE, CRAIG BRENT 106 WATER ST., UNIT D FT WALTON BEACH, FL
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*JEAN L DONNELSON*

TREASURER

2-3-05

850-862-9688

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #