

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 12, 2007 8:00 am
Secretary of State

03-12-2007 90107 021 ****61.25

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		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 106 Water Street Unit D			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State Fort Walton Beach FL			
Zip	Country	Zip 32548	Country USA	4. FEI Number 59-3143663	
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			7. Name and Address of New Registered Agent Name EVANS, Phyllis M Street Address (P.O. Box Number is Not Acceptable) 106 Water Street Unit D City Fort Walton Beach FL Zip Code 32548		
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 <u><i>Phyllis M. Evans</i></u> DATE <u>3/8/07</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HICKSON, DAVID 106 WATER ST., UNIT E FT. WALTON BEACH, FL	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD DONNELSON, JEAN L 106 WATER ST., UNIT B FT WALTON BEACH, FL	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD POPE, CRAIG BRENT 106 WATER ST., UNIT D FT WALTON BEACH, FL	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Treasurer EVANS Phyllis M. 106 Water St, Unit D Fort Walton Bch, FL 32548	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Secretary Martha Hudson 106 Water St Unit H	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <u><i>Phyllis M. Evans Treasurer</i></u> Phyllis M. Evans <u>3/8/07</u> <u>(850) 862-5461</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					