


**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 13, 2004 08:00 AM
Secretary of State

DOCUMENT # N51237		
1. Entity Name SHADEVILLE NORTH PROPERTY OWNERS ASSOCIATION, INC.		
Principal Place of Business 2407 DELGADO DR TALLAHASSEE, FL 32304	Mailing Address 2407 DELGADO DR TALLAHASSEE, FL 32304	



01262004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3186053	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent AVANT, GEORGE D 2407 DELGADO DR TALLAHASSEE, FL 32304	DO NOT WRITE 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 type for printed name of registered agent and use if applicable) (NOTE: Registered Agent signature required when (re)designing) DATE _____

Filing Fee is \$61.25 Due by May 1, 2004	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	U000000111510 04/13/04-80021-010 61.25
---	---	---

10. OFFICERS AND DIRECTORS									
<table border="1"> <tr><td>NAME</td><td>PD</td></tr> <tr><td>NAME</td><td>AVANT, GEORGE D</td></tr> <tr><td>STREET ADDRESS</td><td>2407 DELGADO DR</td></tr> <tr><td>CITY-ST-ZIP</td><td>TALLAHASSEE, FL</td></tr> </table>	NAME	PD	NAME	AVANT, GEORGE D	STREET ADDRESS	2407 DELGADO DR	CITY-ST-ZIP	TALLAHASSEE, FL	DO NOT WRITE IN THIS SPACE
NAME	PD								
NAME	AVANT, GEORGE D								
STREET ADDRESS	2407 DELGADO DR								
CITY-ST-ZIP	TALLAHASSEE, FL								
<table border="1"> <tr><td>NAME</td><td>STD</td></tr> <tr><td>NAME</td><td>AVANT, INGER MARIA</td></tr> <tr><td>STREET ADDRESS</td><td>2407 DELGADO DR</td></tr> <tr><td>CITY-ST-ZIP</td><td>TALLAHASSEE, FL</td></tr> </table>	NAME	STD	NAME	AVANT, INGER MARIA	STREET ADDRESS	2407 DELGADO DR	CITY-ST-ZIP	TALLAHASSEE, FL	
NAME	STD								
NAME	AVANT, INGER MARIA								
STREET ADDRESS	2407 DELGADO DR								
CITY-ST-ZIP	TALLAHASSEE, FL								
<table border="1"> <tr><td>NAME</td><td>D</td></tr> <tr><td>NAME</td><td>AVANT, FENTON GARNETT</td></tr> <tr><td>STREET ADDRESS</td><td>2407 DELGADO DR</td></tr> <tr><td>CITY-ST-ZIP</td><td>TALLAHASSEE, FL</td></tr> </table>	NAME	D	NAME	AVANT, FENTON GARNETT	STREET ADDRESS	2407 DELGADO DR	CITY-ST-ZIP	TALLAHASSEE, FL	
NAME	D								
NAME	AVANT, FENTON GARNETT								
STREET ADDRESS	2407 DELGADO DR								
CITY-ST-ZIP	TALLAHASSEE, FL								
<table border="1"> <tr><td>NAME</td><td></td></tr> <tr><td>NAME</td><td></td></tr> <tr><td>STREET ADDRESS</td><td></td></tr> <tr><td>CITY-ST-ZIP</td><td></td></tr> </table>	NAME		NAME		STREET ADDRESS		CITY-ST-ZIP		
NAME									
NAME									
STREET ADDRESS									
CITY-ST-ZIP									
<table border="1"> <tr><td>NAME</td><td></td></tr> <tr><td>NAME</td><td></td></tr> <tr><td>STREET ADDRESS</td><td></td></tr> <tr><td>CITY-ST-ZIP</td><td></td></tr> </table>	NAME		NAME		STREET ADDRESS		CITY-ST-ZIP		
NAME									
NAME									
STREET ADDRESS									
CITY-ST-ZIP									
<table border="1"> <tr><td>NAME</td><td></td></tr> <tr><td>NAME</td><td></td></tr> <tr><td>STREET ADDRESS</td><td></td></tr> <tr><td>CITY-ST-ZIP</td><td></td></tr> </table>	NAME		NAME		STREET ADDRESS		CITY-ST-ZIP		
NAME									
NAME									
STREET ADDRESS									
CITY-ST-ZIP									

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.073(7), 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: George D. Avant GEORGE D. AVANT 4-12-04 576-1651
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #