

**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Aug 26, 2005 8:00 am**  
**Secretary of State**

08-26-2005 90001 004 \*\*\*\*70.00

**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

**50063497**



01072005 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-3186053	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> 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 George D. Avant

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 AVANT, GEORGE D 2407 DELGADO DR TALLAHASSEE, FL <i>George D. Avant</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD AVANT, INGER MARIA 2407 DELGADO DR TALLAHASSEE, FL <i>Inger Maria Avant</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D AVANT, FENTON GARNETT 2407 DELGADO DR TALLAHASSEE, FL <i>Fenton Garnett Avant</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
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: George D. Avant **GEORGE D. AVANT** 8-23-05 576-1651

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #