

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N51237

FILED  
Jul 29, 2007  
Secretary of State

**Entity Name:** SHADEVILLE NORTH PROPERTY OWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

2407 DELGADO DR  
TALLAHASSEE, FL 32304

**New Principal Place of Business:**

55 DIXIE DRIVE  
CRAWFORDVILLE, FL 32327

**Current Mailing Address:**

2407 DELGADO DR  
TALLAHASSEE, FL 32304

**New Mailing Address:**

55 DIXIE DRIVE  
CRAWFORDVILLE, FL 32327

**FEI Number:** 59-3186053      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

GILMORE, LESLIE  
55 DIXIE DR  
CRAWFORDVILLE, FL 32327      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      ( ) Delete  
Name: GILMORE, LESLIE  
Address: 55 DIXIE DR  
City-St-Zip: CRAWFORDVILLE, FL 32327

Title: STD      ( ) Delete  
Name: RYALS, KYM  
Address: 85 DIXIE DR  
City-St-Zip: CRAWFORDVILLE, FL 32327

Title: D      ( ) Delete  
Name: RYALS, DONNIE  
Address: 85 DIXIE DR  
City-St-Zip: CRAWFORDVILLE, FL 32327

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: LESLIE R. GILMORE

PD

07/29/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date