

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000000645

FILED
Apr 30, 2008
Secretary of State

Entity Name: SHALIMAR COMMONS OWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

SHALIMAR COMMONS OWNERS ASSOCIATION
SHALIMAR, FL 325794013 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 4013
SHALIMAR, FL 325794013 US

New Mailing Address:

FEI Number: 59-3178343

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CLEMENTS, MICKEY F TRES
853 MANDE COURT
SHALIMAR, FL 32579 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: SD () Delete
Name: TURNER, GLORIA
Address: 865 BRANDE COURT
City-St-Zip: SHALIMAR, FL 32579

Title: PD () Delete
Name: MCCALLISTER, WAYNE
Address: 863 BRANDE COURT
City-St-Zip: SHALIMAR, FL 32579

Title: D () Delete
Name: MAMANI, JULIE
Address: 873 MANDE COURT
City-St-Zip: SHALIMAR, FL 32579

Title: D () Delete
Name: RAY, JOE
Address: 855 MANDE COURT
City-St-Zip: SHALIMAR, FL 32579

Title: D () Delete
Name: LIVINGSTON, JOE
Address: 857 MANDE COURT
City-St-Zip: SHALIMAR, FL 32579

Title: VPD () Delete
Name: MCGOWAN, GENEVIEVE
Address: 869 BRANDE COURT
City-St-Zip: SHALIMAR, FL 32579

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:

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

Title: () Change () Addition
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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: MICKEY F CLEMENTS

TRES

04/30/2008

Electronic Signature of Signing Officer or Director

Date