

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

**CORPORATION  
ANNUAL REPORT  
1995**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Northam  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED

95 APR 28 PM 6:57

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # N93000003994 (1)**

1. Corporation Name

**SHADOW OAK HOMEOWNERS' ASSOCIATION OF OKALOOSA C  
OUNTY, INC.**

Principal Place of Business

**4298 LANCASTER DR.  
NICEVILLE FL 32578**

Mailing Address

**4298 LANCASTER DR.  
NICEVILLE FL 32578**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**09/01/1993**

3a. Date of Last Report  
**08/02/1994**

4. FEI Number  
**59-3246412**

Applied For  
Not Applicable

2. Principal Place of Business

**21** Suite, Apt. #, etc.

2a. Mailing Address

**26** Suite, Apt. #, etc.

**22** City & State

**27** City & State

**23** Zip

**25** Country

**28** Zip

**30** Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00** May Be  
Added to Fees

7. Nonprofit with IRS 501(c)(3)  
Tax Exempt Status ☐

**\$68.75** Supplemental  
Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032,  
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

**GILLMAN, CARL  
4298 LANCASTER DR.  
NICEVILLE FL 32578**

10. Name and Address of New Registered Agent

**81** Name

**82** Street Address (P.O. Box Number is Not Acceptable)

**83**

**84** City

**FL**

**85**

Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

|                 |                           |
|-----------------|---------------------------|
| TITLE           | <b>PD</b>                 |
| NAME            | <b>GILLMAN, CARL</b>      |
| STREET ADDRESS  | <b>4298 LANCASTER DR.</b> |
| CITY - ST - ZIP | <b>NICEVILLE FL 32578</b> |
| TITLE           | <b>VD</b>                 |
| NAME            | <b>THOMAS, MILDRED S</b>  |
| STREET ADDRESS  | <b>P.O. BOX 193 N/A</b>   |
| CITY - ST - ZIP | <b>BAGDAD FL 32530</b>    |
| TITLE           | <b>STD</b>                |
| NAME            | <b>GILLMAN, GREGORY B</b> |
| STREET ADDRESS  | <b>RT. 2, BOX 116</b>     |
| CITY - ST - ZIP | <b>WESTVILLE FL 32484</b> |
| TITLE           |                           |
| NAME            |                           |
| STREET ADDRESS  |                           |
| CITY - ST - ZIP |                           |
| TITLE           |                           |
| NAME            |                           |
| STREET ADDRESS  |                           |
| CITY - ST - ZIP |                           |
| TITLE           |                           |
| NAME            |                           |
| STREET ADDRESS  |                           |
| CITY - ST - ZIP |                           |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                     |                                                                   |
|---------------------|-------------------------------------------------------------------|
| 1.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME            |                                                                   |
| 1.3 STREET ADDRESS  |                                                                   |
| 1.4 CITY - ST - ZIP |                                                                   |
| 2.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME            |                                                                   |
| 2.3 STREET ADDRESS  |                                                                   |
| 2.4 CITY - ST - ZIP |                                                                   |
| 3.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME            |                                                                   |
| 3.3 STREET ADDRESS  |                                                                   |
| 3.4 CITY - ST - ZIP |                                                                   |
| 4.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME            |                                                                   |
| 4.3 STREET ADDRESS  |                                                                   |
| 4.4 CITY - ST - ZIP |                                                                   |
| 5.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME            |                                                                   |
| 5.3 STREET ADDRESS  |                                                                   |
| 5.4 CITY - ST - ZIP |                                                                   |
| 6.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME            |                                                                   |
| 6.3 STREET ADDRESS  |                                                                   |
| 6.4 CITY - ST - ZIP |                                                                   |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(4), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

*Carl Gillman*  
Carl Gillman

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-24-95

904-899-2722