

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 15, 2006 8:00 am
Secretary of State

03-15-2006 90095 007 ****61.25

| | | | | | |
|---|--|--|---|---|--|
| DOCUMENT # N94000000854 1. Entity Name SHANNON PINES LOT OWNERS' ASSOCIATION, INC. | | | | | |
| Principal Place of Business 9391 CROCUS CT FT MYERS, FL 33912 US | | | Mailing Address P O BOX 605 ESTERO, FL 33928 US | | |
| 2. Principal Place of Business | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. 9418 Crocus Ct. | | Suite, Apt. #, etc. | | | |
| City & State Ft. Myers, FL | | City & State | | 4. FEI Number 650545618 NOT APPLICABLE | |
| Zip 33912 | Country U.S. | Zip | Country | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required |
| 6. Name and Address of Current Registered Agent | | | | 7. Name and Address of New Registered Agent | |
| PRESNELL, BARBARA 9368 CROCUS CT. FT MYERS, FL 33912 | | | | Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code | |
| 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 <u>Barbara Presnell, Treasurer</u> DATE <u>3-11-06</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small> | | | | | |
| Filing Fee is \$61.25 Due by May 1, 2006 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | | Make check payable to Florida Department of State | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD TAURICK, GARY 9391 CROCUS CT FORT MYERS, FL 33912 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD* Barbetta Hutchinson 9418 Crocus Ct. Ft. Myers, FL 33912 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VPD BOMBARDIER, SCOTT 9379 CROCUS ST FT MYERS, FL 33912 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD* Lyle Schatt 9414 Crocus Ct Ft. Myers, FL 33912 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD PRESNELL, BARBARA 9368 CROCUS CT. FORT MYERS, FL 33912 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD LONGFIELD-SMITH, MADELEINE 9383 CROCUS ST FORT MYERS, FL 33912 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD Gary Taurick 9391 Crocus Ct. Ft. Myers, FL 33912 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D ROBERTS, MARGE 9375 CROCUS CT FORT MYERS, FL 33912 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | D Candy Lippincott 9387 Crocus Ct Ft. Myers, FL 33912 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <u>Barbara Presnell, Treasurer</u> | | DATE: <u>3-11-06</u> | | DAYTIME PHONE #: <u>239-267-8375</u> | |

* co-presidents