


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 25, 2007 8:00 am**  
**Secretary of State**

01-25-2007 90058 044 \*\*\*\*61.25

<b>DOCUMENT # N94000000854</b> 1. Entity Name SHANNON PINES LOT OWNERS' ASSOCIATION, INC.																																																																																																																	
Principal Place of Business <del>9418 CROCUS CT</del> <b>9368 CROCUS CT.</b> FT MYERS, FL <del>33912</del> <b>33967</b> US			Mailing Address P O BOX 605 ESTERO, FL 33928 US																																																																																																														
2. Principal Place of Business - No P.O. Box # <b>9368 CROCUS CT.</b> Suite, Apt. #, etc.			3. Mailing Address <b>P.O. BOX 605</b> Suite, Apt. #, etc.																																																																																																														
City & State <b>FT. MYERS, FL</b> Zip Country <b>33967 US</b>			City & State <b>ESTERO, FL</b> Zip Country <b>33928 US</b>																																																																																																														
4. FEI Number 65-0545618			Applied For <input type="checkbox"/> Not Applicable																																																																																																														
5. Certificate of Status Desired <input type="checkbox"/>			\$8.75 Additional Fee Required																																																																																																														
6. Name and Address of Current Registered Agent  PRESNELL, BARBARA 9368 CROCUS CT. FT MYERS, FL <del>33912</del> <b>33967</b>			7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;">           FL Zip Code  <b>33967</b> </div>																																																																																																														
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</u> <span style="float: right;">1-22-07</span> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reissuing) DATE</small>																																																																																																																	
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be</b> <b>Added to Fees</b>																																																																																																													
<b>Make check payable to</b> <b>Florida Department of State</b>																																																																																																																	
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <b>10. OFFICERS AND DIRECTORS</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 45%;">PD</td> <td style="width: 15%; text-align: center;"><input checked="" type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>HUTCHINSON, BARBETTA</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>9418 CROCUS CT</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>FORT MYERS, FL 33912</td> <td></td> </tr> <tr> <td>TITLE</td> <td>PD</td> <td style="text-align: center;"><input checked="" type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>SCHADT, LYLE</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>9414 CROCUS CT</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>FORT MYERS, FL 33912</td> <td></td> </tr> <tr> <td>TITLE</td> <td>TD</td> <td style="text-align: center;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>PRESNELL, BARBARA</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>9368 CROCUS CT.</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>FORT MYERS, FL 33912</td> <td></td> </tr> <tr> <td>TITLE</td> <td>SD</td> <td style="text-align: center;"><input checked="" type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>TAURICK, GARY</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>9391 CROCUS CT</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>FORT MYERS, FL 33912</td> <td></td> </tr> <tr> <td>TITLE</td> <td>D</td> <td style="text-align: center;"><input checked="" type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>LIPPINCOTT, CANDY</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>9387 CROCUS CT</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>FORT MYERS, FL 33912</td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: center;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table> </div> <div style="width: 45%;"> <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 45%;">PD</td> <td style="width: 15%; text-align: center;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td><del>BLACKER CLARKE</del></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>9368 CROCUS CT</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>FORT MYERS, FL 33967</td> <td></td> </tr> <tr> <td>TITLE</td> <td>VPD</td> <td style="text-align: center;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>SWISSHELM, JIM</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>9423 CROCUS CT</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>FORT MYERS, FL 33967</td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: center;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table> </div> </div>						TITLE	PD	<input checked="" type="checkbox"/> Delete	NAME	HUTCHINSON, BARBETTA		STREET ADDRESS	9418 CROCUS CT		CITY-ST-ZIP	FORT MYERS, FL 33912		TITLE	PD	<input checked="" type="checkbox"/> Delete	NAME	SCHADT, LYLE		STREET ADDRESS	9414 CROCUS CT		CITY-ST-ZIP	FORT MYERS, FL 33912		TITLE	TD	<input type="checkbox"/> Delete	NAME	PRESNELL, BARBARA		STREET ADDRESS	9368 CROCUS CT.		CITY-ST-ZIP	FORT MYERS, FL 33912		TITLE	SD	<input checked="" type="checkbox"/> Delete	NAME	TAURICK, GARY		STREET ADDRESS	9391 CROCUS CT		CITY-ST-ZIP	FORT MYERS, FL 33912		TITLE	D	<input checked="" type="checkbox"/> Delete	NAME	LIPPINCOTT, CANDY		STREET ADDRESS	9387 CROCUS CT		CITY-ST-ZIP	FORT MYERS, FL 33912		TITLE		<input type="checkbox"/> Delete	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	<del>BLACKER CLARKE</del>		STREET ADDRESS	9368 CROCUS CT		CITY-ST-ZIP	FORT MYERS, FL 33967		TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	SWISSHELM, JIM		STREET ADDRESS	9423 CROCUS CT		CITY-ST-ZIP	FORT MYERS, FL 33967		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP		
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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 Barbara Presnell</u> <span style="float: right;">1-22-07 239.267.8375</span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>																																																																																																																	