


**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 30, 2008 08:00 AM
Secretary of State

DOCUMENT # N94000000854 1. Entity Name SHANNON PINES LOT OWNERS' ASSOCIATION, INC.	
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Principal Place of Business 9368 CROCUS CT FT. MYERS, FL 33967 US	Mailing Address P O BOX 605 ESTERO, FL 33928 US
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DO NOT WRITE IN THIS SPACE



01262008 No Chg-NP

CR2E037 (4/06)

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 33912

**DO NOT WRITE
IN THIS SPACE**

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 Barbara Presnell (Barbara Presnell) DATE 1/28/08
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when renewing)

Filing Fee is \$61.25
Due by May 1, 2008

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BLACKER, CLARKE 9355 CROCUS CT FT. MYERS, FL 33967
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SWISSHELM, JIM 9423 CROCUS CT FORT MYERS, FL 33967
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD PRESNELL, BARBARA 9368 CROCUS CT. FORT MYERS, FL 33912
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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02/05/08-80088-023 61.25

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: Barbara Presnell (Barbara Presnell) DATE 1/28/08 DAYTIME PHONE # 239-267-8375
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR