2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2005
Secretary of State

DOCUMENT# N94000002599

Entity Name: SHELDON CHASE HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

1207 N HIMES AVE
SUITE 3
TAMPA, FL 33607 US

New Principal Place of Business:

Current Mailing Address:

1207 N HIMES AVE
SUITE 3
TAMPA, FL 33607 US

New Mailing Address:

FEI Number: 59-3251699 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

UNIQUE PROPERTY SERVICES INC
1207 N HIMES AVE
SUITE 3
TAMPA, FL 33607 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: PD ( ) Delete
Name: JACOBSON, GREG
Address: 8805 SHELDON CHASE DR
City-St-Zip: TAMPA, FL 33635

Title: VPS ( ) Delete
Name: GOTSIS, ASHLEY
Address: 9021 SHELDON CHASE DR
City-St-Zip: TAMPA, FL 33635

Title: SD ( ) Delete
Name: MILLET, STEPHANIE
Address: 8806 SHELDON CHASE DR
City-St-Zip: TAMPA, FL 33635

Title: TD ( ) Delete
Name: DAHLBERG, DANI
Address: 9009 SHELDON CHASE DR
City-St-Zip: TAMPA, FL 33635

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
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: GREG JACOBSON PD 04/30/2005

Electronic Signature of Signing Officer or Director — Date