

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 08, 2006 8:00 am**  
**Secretary of State**

05-08-2006 90279 004 \*\*\*\*61.25

**DOCUMENT # N96000003165**

1. Entity Name

**SHADOW OAKS EAST HOMEOWNERS' ASSOCIATION, INC.**



Principal Place of Business

**9120 FORT KING ROAD  
DADE CITY FL 32525**

Mailing Address

**9120 FORT KING ROAD  
DADE CITY FL 32525**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/05)

4. FEI Number

**59-3503273**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**FRAZIER, JAMES K  
9120 FORT KING ROAD  
DADE CITY FL 32525**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25  
Due By: May 1, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$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 PD ☐ Delete  
NAME FRAZIER, JAMES K  
STREET ADDRESS 9120 FORT KING ROAD  
CITY-ST-ZIP DADE CITY FL 32525

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE VPD ☒ Delete  
NAME HAGLIN, JENNIFER  
STREET ADDRESS 9120 FORT KING ROAD  
CITY-ST-ZIP DADE CITY FL 32525

TITLE ☒ Change ☐ Addition  
NAME VPD  
STREET ADDRESS JENNIFER FRAZIER  
CITY-ST-ZIP 9120 FT. KING RD  
DADE CITY, FL 32525

TITLE D ☐ Delete  
NAME DELP, CAROLE  
STREET ADDRESS 37038 MCCONNELL LANE  
CITY-ST-ZIP DADE CITY FL 32525

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 *James K. Frazier* **JAMES K. FRAZIER, PRES** 4-25-06 8137792485