
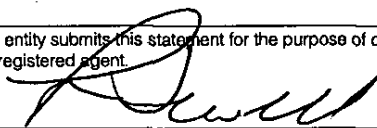
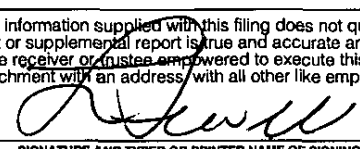


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 05, 2004 8:00 am**  
**Secretary of State**

03-05-2004 90006 034 \*\*\*\*61.25

<b>DOCUMENT # N96000003285</b>					
<b>1. Entity Name</b> SHADYCREEK PROPERTY OWNERS ASSOCIATION, INC.					
<b>Principal Place of Business</b> 3733 SOUTH TUTTLE AVENUE SARASOTA, FL 34239			<b>Mailing Address</b> 3733 SOUTH TUTTLE AVENUE SARASOTA, FL 34239		
<b>2. Principal Place of Business</b> 3277 Fruitville Road, Unit F Suite, Apt. #, etc. City & State Sarasota, FL Zip 34237		<b>3. Mailing Address</b> 3277 Fruitville Road, Unit F Suite, Apt. #, etc. City & State Sarasota, FL Zip 34237		02182004 Chg-NP CR2E037 (10/03)	
<b>4. FEI Number</b> 65-0701053		<b>Applied For</b> <input type="checkbox"/> Not Applicable			
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>			
<b>6. Name and Address of Current Registered Agent</b> ROBBINS, HARRY 3733 SOUTH TUTTLE AVENUE SARASOTA, FL 34239			<b>7. Name and Address of New Registered Agent</b> Name: Larry Sewell Street Address (P.O. Box Number is Not Acceptable): 3277 Fruitville Road, Unit F City: Sarasota FL Zip Code: 34237		
<b>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.</b>					
SIGNATURE: 		Larry Sewell		2/23/04	
Filing Fee is \$61.25 Due by May 1, 2004		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>			
TITLE: PD NAME: ROBBINS, HARRY STREET ADDRESS: 2408 ADAGIO WAY CITY-ST-ZIP: SARASOTA, FL 34231	<input checked="" type="checkbox"/> Delete	TITLE: PD NAME: Larry Sewell STREET ADDRESS: 2412 Adagio Way CITY-ST-ZIP: Sarasota, FL 34231	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE: VD NAME: SHAFFER, BETTY J STREET ADDRESS: 2415 ADAGIO WAY CITY-ST-ZIP: SARASOTA, FL 34231	<input checked="" type="checkbox"/> Delete	TITLE: S/T NAME: Holli D. Bortz STREET ADDRESS: 2401 Adagio Way CITY-ST-ZIP: Sarasota, FL 34231	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE: STD NAME: AMONTREE, EVA STREET ADDRESS: 3850 TANGIER TERRACE CITY-ST-ZIP: SARASOTA, FL 34239	<input checked="" 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: _____	<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: _____	<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: _____	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>12. I hereby certify that the information supplied with this filing does not qualify 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 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.</b>					
<b>SIGNATURE:</b> 		2/23/04		941-365-5111	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	