


**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 29, 2007 8:00 am**  
**Secretary of State**

01-29-2007 90078 002 \*\*\*\*61.25

**DOCUMENT # N96000003285**

1. Entity Name  
**SHADYCREEK PROPERTY OWNERS ASSOCIATION, INC.**



Principal Place of Business  
**2409 ADAGIO WAY**  
~~UNIT F~~ *Oct 12 "F"*  
**SARASOTA, FL 34231**

Mailing Address  
**2409 ADAGIO WAY**  
~~UNIT F~~ *Oct 12 "F"*  
**SARASOTA, FL 34231**

**60008499**



2. Principal Place of Business - No P.O. Box #  
**2409 Adagio Way**  
 Suite, Apt. #, etc.

3. Mailing Address  
**2409 Adagio Way**  
 Suite, Apt. #, etc.

01172007 Chg-NP CR2E037 (12/06)

City & State  
**Sarasota, FL**

City & State  
**Sarasort, FL**

4. FEI Number  
**65-0701053**

Applied For  
 Not Applicable

Zip  
**34231**

Country  
**USA**

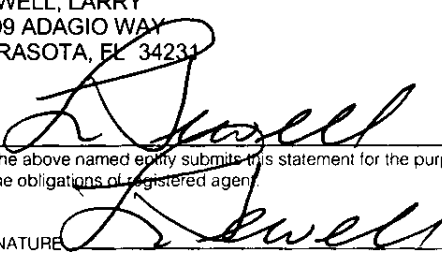
Zip  
**34231**

Country  
**USA**

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**SEWELL, LARRY**  
**2409 ADAGIO WAY**  
**SARASOTA, FL 34231**



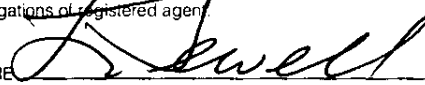
7. Name and Address of New Registered Agent

Name  
**Matthew Yahraus**

Street Address (P.O. Box Number is Not Acceptable)  
**2409 Adagio Way**

City  
**Sarasota, FL** Zip Code  
**34231**

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  DATE **1/22/07**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25**  
**Due by May 1, 2007**


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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SEWELL, LARRY 2412 ADAGIO WAY SARASOTA, FL 34231 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST BORTZ, HOLLI D 2401 ADAGIO WAY SARASOTA, FL 34231 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Matthew Yahraus 2409 Adagio Way Sarasota, FL 34231 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Y Larry Sewell 2412 Adagio Way Sarasota, FL 34231 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Matthew Yahraus 2409 Adagio Way Sarasota, FL 34231 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 fees empowered.

**SIGNATURE:**  **1/22/07** **941-365-5111**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #