

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 29, 2006 8:00 am
Secretary of State

08-29-2006 90004 025 ****61.25

DOCUMENT # N96000004067 1. Entity Name SHOAL LAKE HOMEOWNER'S ASSOCIATION, INC.					
Principal Place of Business CHEROKEE BEND SUBDIVISION CRESTVIEW, FL 32539				Mailing Address PO BOX 963 CRESTVIEW, FL 32536	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent BRYAN, JOHN C JR 1020 S FARDOM BLVD CRESTVIEW, FL 32539				7. Name and Address of New Registered Agent 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)					
Filing Fee is \$61.25 Due by September 6, 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					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HERINGTON, RUTH E ☒ Delete 4769 NATCHEZ TRACE CRESTVIEW, FL 32539				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BAKER, LEISA ☒ Delete 2813 ATOKA TRAIL CRESTVIEW, FL 32539				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MOORE, CHARLIE ☒ Delete 2865 ATOKA TRAIL CRESTVIEW, FL 32539				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MCDANIEL, JANET ☒ Delete 4692 CAHOKIA RUN CRESTVIEW, FL 32539				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOYT, DONNA ☒ Delete 4694 CAHOKIA RUN CRESTVIEW, FL 32539				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete				
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
PD NAME: <u>Tim McKnight</u> ☐ Change ☒ Addition STREET ADDRESS: <u>2848 Atoka Trail</u> CITY-ST-ZIP: <u>Crestview FL 32539</u>					
V NAME: <u>Hingey, Michael</u> ☐ Change ☒ Addition STREET ADDRESS: <u>2862 Atoka Trail</u> CITY-ST-ZIP: <u>Crestview FL 32539</u>					
SD NAME: <u>Day, Roy</u> ☐ Change ☒ Addition STREET ADDRESS: <u>2845 Tamiami Trail</u> CITY-ST-ZIP: <u>Crestview FL 32539</u>					
TD NAME: <u>Moore, Charles</u> ☐ Change ☒ Addition STREET ADDRESS: <u>2865 Atoka Trail</u> CITY-ST-ZIP: <u>Crestview FL 32539</u>					
☐ Change ☐ Addition					
☐ Change ☐ 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 like empowered.					
SIGNATURE: <u>Charles P. Moore</u> Charles P. Moore SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date: <u>23 Aug 06</u> Daytime Phone #: <u>(850) 398-0670</u>					

50026676



08232006 Chg-NP CR2E037 (4/06)

4. FEI Number
59-3425289

Applied For
Not Applicable

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

FL Zip Code