2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2009
Secretary of State

DOCUMENT# N96000004067

Entity Name: SHOAL LAKE HOMEOWNER'S ASSOCIATION, INC.

Current Principal Place of Business:

CHEROKEE BEND SUBDIVISION
CRESTVIEW, FL 32539

New Principal Place of Business:

Current Mailing Address:

PO BOX 963
CRESTVIEW, FL 32536

New Mailing Address:

FEI Number: 59-3425289 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HERINGTON, LARRY M
4769 NATCHEZ TRACE
CRESTVIEW, FL 32539 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: P/D ( ) Delete
Name: MCCULLOUGH, DARLENE A
Address: 2856 ATOKA TRAIL
City-St-Zip: CRESTVIEW, FL 32539

Title: V/D ( ) Delete
Name: WORTHY, JIMMY L
Address: 2847 ATOKA TRAIL
City-St-Zip: CRESTVIEW, FL 32539

Title: S/D ( ) Delete
Name: MAHN, COLLEEN K
Address: 2866 ATOKA TRAIL
City-St-Zip: CRESTVIEW, FL 32539

Title: T/D ( ) Delete
Name: HERINGTON, LARRY M
Address: 4769 NATCHEZ TRACE
City-St-Zip: CRESTVIEW, FL 32539

Title: D ( ) Delete
Name: BUCKMAN, LAWRENCE E
Address: 2875 ATOKA TRAIL
City-St-Zip: CRESTVIEW, FL 32539

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P/D (X) Change ( ) Addition
Name: JACKSON, PAULA M
Address: 2844 ATOKA TRAIL
City-St-Zip: CRESTVIEW, FL 32539

Title: V/D (X) Change ( ) Addition
Name: GRICE, KEITH M
Address: 2854 ATOKA TRAIL
City-St-Zip: CRESTVIEW, FL 32539

Title: S/D (X) Change ( ) Addition
Name: GOWER, ALFRED K
Address: 2839 TAMIAMI TRAIL
City-St-Zip: CRESTVIEW, FL 32539

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change ( ) Addition
Name: BUCKMAN, LAWRENCE E IV
Address: 2875 ATOKA TRAIL
City-St-Zip: CRESTVIEW, FL 32539

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: LARRY M. HERINGTON T/D 04/14/2009
Electronic Signature of Signing Officer or Director — Date