


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2008 8:00 am
Secretary of State

04-25-2008 90112 039 ****61.25

DOCUMENT # N96000005788					
1. Entity Name SHADOW LAKES OF SANTA ROSA HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business 3298 SUMMIT BLVD SUITE 4 PENSACOLA, FL 32503 US			Mailing Address 3298 SUMMIT BLVD SUITE 4 PENSACOLA, FL 32503 US		
2. Principal Place of Business - No P.O. Box # 908 Gardensgate Cir Suite, Apt. #, etc.		3. Mailing Address 908 Gardensgate Cir Suite, Apt. #, etc.			
City & State Pensacola, FL Zip 32504		City & State Pensacola, FL Zip 32504		Country USA	
4. FEI Number 59-3427233				<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ETHERIDGE, RAY O 3298 SUMMIT BLVD, SUITE 4 PENSACOLA, FL 32503			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 908 Gardensgate Circle City Pensacola FL Zip Code 32504		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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 NAME SABA, MICHAEL P STREET ADDRESS 3298 SUMMIT BLVD. #18 CITY-ST-ZIP PENSACOLA, FL 32503	<input type="checkbox"/> Delete		TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE STD NAME CALDWELL, TOM STREET ADDRESS 3298 SUMMIT BLVD., STE 18 CITY-ST-ZIP PENSACOLA, FL 32503	<input type="checkbox"/> Delete		TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE VD NAME FRANZ, JON STREET ADDRESS 3298 SUMMIT BLVD. #18 CITY-ST-ZIP PENSACOLA, FL 325034350	<input checked="" type="checkbox"/> Delete		TITLE VD NAME HOLLY HOPKINS STREET ADDRESS 3298 SUMMIT BLVD #18 CITY-ST-ZIP PENSACOLA, FL 32503	<input type="checkbox"/> Change <input checked="" 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	
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>Holly Hopkins Signed</u>			Date <u>4/11/08</u> Daytime Phone # _____		