

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000005788

FILED
Apr 20, 2009
Secretary of State

Entity Name: SHADOW LAKES OF SANTA ROSA HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

908 GARDENGATE CIRCLE
PENSACOLA, FL 32504 US

New Principal Place of Business:

Current Mailing Address:

908 GARDENGATE CIRCLE
PENSACOLA, FL 32504 US

New Mailing Address:

FEI Number: 59-3427233

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ETHERIDGE, RAY O
908 GARDENGATE CIRCLE
PENSACOLA, FL 32504 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: PD () Delete
Name: SABA, MICHAEL P
Address: 3298 SUMMIT BLVD. #18
City-St-Zip: PENSACOLA, FL 32503

Title: STD () Delete
Name: CALDWELL, TOM
Address: 3298 SUMMIT BLVD., STE 18
City-St-Zip: PENSACOLA, FL 32503

Title: VD () Delete
Name: HOPKINS, HOLLY
Address: 3298 SUMMIT BLVD. #18
City-St-Zip: PENSACOLA, FL 325034350

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: SCHUHMANN, STEVE
Address: 3298 SUMMIT BLVD. #18
City-St-Zip: PENSACOLA, FL 32503

Title: VPD (X) Change () Addition
Name: KAHALLEY, DAVID
Address: 3298 SUMMIT BLVD., STE 18
City-St-Zip: PENSACOLA, FL 32503

Title: STD (X) Change () Addition
Name: CALDWELL, TOM
Address: 3298 SUMMIT BLVD. #18
City-St-Zip: PENSACOLA, FL 325034350

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: RAY O. ETHERIDGE

RA

04/20/2009

Electronic Signature of Signing Officer or Director

Date