

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 25, 2004 8:00 am
Secretary of State

08-25-2004 90003 013 ****71.25

DOCUMENT # N97000002857			
1. Entity Name SHILOH RIDGE OWNERS ASSOCIATION, INC.			
Principal Place of Business SHILOH RIDGE P.O. BOX FORT WHITE, FL 32038		Mailing Address SHILOH RIDGE P.O. BOX FORT WHITE, FL 32038	
2. Principal Place of Business P.O. Box 383 Suite, Apt. #, etc.		3. Mailing Address PO Box 383 Suite, Apt. #, etc.	
City & State Fort White, FL Zip: 32038		City & State Fort White, FL Zip: 32038	
4. FEI Number 59-3451506		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 BONNER, JAMES 459 SW GIDEON PL FORT WHITE, FL 32038		7. Name and Address of New Registered Agent Name: Thompson, MARK, R. Street Address (P.O. Box Number is Not Acceptable): 12110 Colonial Estates Ln River View, FL 33569 City: FL Zip Code: 33569	
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 <i>Mark R. Thompson</i> <small>Signature, typed or printed name of registered agent and title if applicable.</small>		8-14-04 <small>DATE</small>	
Filing Fee is \$61.25 Due by September 8, 2004		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			
TITLE	PD BONNER, JAMES 459 SW GIDEON PL FORT WHITE, FL 32038	<input checked="" type="checkbox"/> Delete	
NAME	SD BROWNING, PETER 428 CONESTOGA WAT FORT WHITE, FL 32038	<input checked="" type="checkbox"/> Delete	
STREET ADDRESS	TD CRUSE, BARBARA 358 SW GIDEON PL FORT WHITE, FL 32038	<input checked="" type="checkbox"/> Delete	
CITY-ST-ZIP	ATD BONNER, MARYLISA 459 SW GIDEON PL FORT WHITE, FL 32038	<input type="checkbox"/> Delete	
CITY-ST-ZIP	VP JACOBS, STEVE 553 SW CUMBERLAND FORT WHITE, FL 32038	<input checked="" type="checkbox"/> Delete	
CITY-ST-ZIP	VPD CRUSE, HOWARD 358 SW GIDEON PL FORT WHITE, FL 32038	<input type="checkbox"/> Delete	
CITY-ST-ZIP			
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	PD Thompson, MARK R. 12110 Colonial Estates Ln River View, FL 33569	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
CITY-ST-ZIP	TD Bonner, MaryLisa 459 SW Gideon PL Fort white, FL 32038	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
CITY-ST-ZIP	VP Cruse, Howard 358 SW Gideon PL Fort White, FL 32038	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
CITY-ST-ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <i>Mark R. Thompson</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		8-14-04 <small>Date Daytime Phone #</small>	