


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 05, 2006 8:00 am**  
**Secretary of State**

05-05-2006 90195 002 \*\*\*\*61.25

<b>DOCUMENT # N97000002857</b>		
1. Entity Name <b>SHILOH RIDGE OWNERS ASSOCIATION, INC.</b>		
Principal Place of Business <b>SHILOH RIDGE 4400 NW 36TH AVENUE GAINESVILLE FL 32606</b>	Mailing Address <b>SHILOH RIDGE 4400 NW 36TH AVENUE GAINESVILLE FL 32606</b>	



2. Principal Place of Business <b>Shiloh Ridge Owners Assoc, INC.</b>		3. Mailing Address <b>Shiloh Ridge Owners Assoc INC</b>		1st MOORE	CR2E037 (10/05)
Suite, Apt. #, etc. <b>481 SW Bluegrass Ct.</b>		Suite, Apt. #, etc. <b>PO Box 383</b>			
City & State <b>FT White FL</b>		City & State <b>FT. White, FL</b>		4. FEI Number <b>59-3451506</b>	Applied For <input type="checkbox"/> Not Applicable
Zip <b>32038</b>	Country <b>USA</b>	Zip <b>32038</b>	Country <b>USA</b>	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent <b>MANAGEMENT SPECIALISTS 4400 NW 36TH AVENUE GAINESVILLE FL FL</b>		7. Name and Address of New Registered Agent Name <b>Juanita Crenshaw</b> Street Address (P.O. Box Number is Not Acceptable) <b>481 SW Bluegrass Ct.</b> City <b>FT. White</b> FL Zip Code <b>32038</b>	
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW: FEE IS \$61.25</b> <b>Due By May 1, 2006</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	<b>Make Check Payable to</b> <b>Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FORD, SAMUEL 483 SW COURAGE CT FT. WHITE FL 32038 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Terrence Walker 233 SW Shelbyville Ct. FT. White, FL 32038 <input checked="" 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	VP Steve Jacobs 533 SW Cumberland St. FT. White, FL 32038 <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	Treasurer Juanita Crenshaw 481 SW Bluegrass Ct. FT. White, FL 32038 <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	Secretary Maria Radzinski PO Box 838 FT. White, FL 32038 <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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Juanita Crenshaw 4/26/06 386-497-4883