


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 16, 2007 8:00 am
Secretary of State

08-16-2007 90013 012 ****61.25

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|--|--|---|---|---|--|
| DOCUMENT # N97000002857 1. Entity Name SHILOH RIDGE OWNERS ASSOCIATION, INC. | | | |  | |
| Principal Place of Business SHILOH RIDGE 481 SW BLUEGRASS CT FORT WHITE, FL 32038 | | | Mailing Address SHILOH RIDGE 481 SW BLUEGRASS CT FORT WHITE, FL 32038 | | |
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address PO Box 393 | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. Ft. White, FL | | | |
| City & State | | City & State | | | |
| Zip | Country | Zip 32038 | | Country USA | |
| 6. Name and Address of Current Registered Agent CRENSHAW, JUANITA 481 SW BLUEGRASS CT FORT WHITE, FL 32038 | | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div> | |
| 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 reinstating)</small> <div style="float: right;">DATE _____</div> | | | | | |
| Filing Fee is \$61.25 Due by September 14, 2007 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| <div style="text-align: right;"> Make check payable to Florida Department of State </div> | | | | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | PD WALKER, TERRENCE 233 SW SHELBYVILLE CT FORT WHITE, FL 32038 <input checked="" type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY - ST - ZIP | PD Morris Bowling 288 SW Bluegrass Ct Ft. White, FL 32038 <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | VP JACOBS, STEVE 533 SW CUMBERLAND ST FORT WHITE, FL 32038 <input checked="" type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY - ST - ZIP | VP Candice Gray 239 SW Saratoga Ct Ft. White, FL 32038 <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | T CRENSHAW, JUANITA 481 SW BLUEGRASS CT FORT WHITE, FL 32038 <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY - ST - ZIP | same <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | S RADZIMINSKI, MARIA P.O. BOX 838 FORT WHITE, FL 32038 <input checked="" type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY - ST - ZIP | S Brenda Lembo 1135 SW Cumberland Ft. White, FL 32038 <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>Juanita Crenshaw</u> | | | 8/13/07 386.497.4883 | | |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | <small>Date Daytime Phone #</small> | | |