

DOCUMENT # N97000002857

1. Entity Name
SHILOH RIDGE OWNERS ASSOCIATION, INC.



FILED
Feb 25, 2008 08:00 AM
Secretary of State

Principal Place of Business
SHILOH RIDGE
481 SW BLUEGRASS CT
FORT WHITE, FL 32038

Mailing Address
P.O. BOX 383
FORT WHITE, FL 32038



02182008 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3451506

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CRENSHAW, JUANITA
481 SW BLUEGRASS CT
FORT WHITE, FL 32038

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25
Due by May 1, 2008

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME BOWLING, MORRIS
STREET ADDRESS 288 SW BLUE GRASS CT
CITY-ST-ZIP FORT WHITE, FL 32038

TITLE VP
NAME GRAY, CANDICE
STREET ADDRESS 239 SW SARATOGA CT
CITY-ST-ZIP FORT WHITE, FL 32038

TITLE T
NAME CRENSHAW, JUANITA
STREET ADDRESS 481 SW BLUEGRASS CT
CITY-ST-ZIP FORT WHITE, FL 32038

TITLE S
NAME LEMBO, BRENDA
STREET ADDRESS 1135 SW CUMBERLAND
CITY-ST-ZIP FORT WHITE, FL 32038

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000838584
03/05/08-80037-012 61.25

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IN THIS SPACE**

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:

Juanita Crenshaw *Juanita Crenshaw*

2/14/08

Date

386 497 4823

Daytime Phone #