


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2006 08:00 AM
Secretary of State

DOCUMENT # N97000006077	
1. Entity Name SHACKELFORD ESTATES HOMEOWNERS' ASSOCIATION, INC.	

Principal Place of Business LENOIR CT PLANT CITY, FL 33566	Mailing Address 5309 LENOIR CT PLANT CITY, FL 33566
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DO NOT WRITE IN THIS SPACE



04192006 No Chg-NP CR2E037 (11/05)

4. FEI Number NOT APPLICABLE	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent MATHEW, GEORGE 5306 LENOIR COURT PLANT CITY, FL 33566
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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 _____
Signature, typed or printed name of registered agent and title if applicable.

Filing Fee is \$61.25 Due by May 1, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	000000531326 05/06/06-80037-010 61.25
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ANDRE, ABBY 5314 LENOIR CT PLANT CITY, FL 33566
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD FRASIER, RANDALL 5309 LENOIR CT PLANT CITY, FL 33566
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MATHEW, GEORGE 5306 LENOIR CT PLANT CITY, FL 33566
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: Randall P. Frasier Randall P. Frasier 4-21-06 813-252-5173
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #