

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 05, 2005 8:00 am
Secretary of State

04-05-2005 90052 039 ****61.25

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1. Entity Name

SHINDLER COVE HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business

7543 TAURUS CIR. E.
JACKSONVILLE FL 32222

Mailing Address

PO BOX 440369
JACKSONVILLE FL 32222

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3526940

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

THOMPSON, ANN M
8092 COLLINS RD
JACKSONVILLE FL 32244

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Ann M. Thompson

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete
NAME THOMPSON, ANN M
STREET ADDRESS 7543 TAURUS CIR. E.
CITY-ST-ZIP JACKSONVILLE FL 32222

TITLE D ☐ Delete
NAME RAJIAH, MITCH C
STREET ADDRESS 7543 TAURUS CIR. E.
CITY-ST-ZIP JACKSONVILLE FL 32222

TITLE D ☒ Delete
NAME MOSLEY, JAMES D
STREET ADDRESS 7535 TAURUS CT E
CITY-ST-ZIP JACKSONVILLE FL 32222

TITLE P ☐ Delete
NAME Greg Simmons
STREET ADDRESS 5639 Coldstream Court
CITY-ST-ZIP Jacksonville, FL 32222

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D ☒ Change ☐ Addition
NAME
STREET ADDRESS PO Box 440369
CITY-ST-ZIP Jacksonville FL 32222

TITLE D ☒ Change ☐ Addition
NAME
STREET ADDRESS PO Box 440369
CITY-ST-ZIP Jacksonville FL 32222

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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:

Ann Thompson Ann Thompson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4-1-05

Daytime Phone #

904-778-0422