

**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 02, 2007 08:00 A**  
**Secretary of State**

**DOCUMENT # N99000001407**

**1. Entity Name**  
**SHANNON LAKES OFFICE COMPLEX ASSOCIATION,**  
**INC.**



**Principal Place of Business**  
**4826-A KERRY FOREST PKWY**  
**TALLAHASSEE, FL 32308**

**Mailing Address**  
**4826-A KERRY FOREST PKWY**  
**TALLAHASSEE, FL 32308**



02012007 No Chg-NP

CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

**4. FEI Number**  
**59-3681371**

**Applied For**  
**Not Applicable**

**5. Certificate of Status Desired** ☐

**\$8.75 Additional**  
**Fee Required**

**6. Name and Address of Current Registered Agent**

**WATSON, JACKIE M**  
**4826-A KERRY FOREST PKWY**  
**TALLAHASSEE, FL 32308**

**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, 2007**

**9. Election Campaign Financing**  
**Trust Fund Contribution.** ☐

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

**10. OFFICERS AND DIRECTORS**

**TITLE** PD  
**NAME** VOLLMER, DAN  
**STREET ADDRESS** 4832 KERRY FOREST PKWY  
**CITY-ST-ZIP** TALLAHASSEE, FL 32308

**TITLE** VD  
**NAME** DESSI, JIM  
**STREET ADDRESS** 4824 KERRY FOREST PKWY  
**CITY-ST-ZIP** TALLAHASSEE, FL 32308

**TITLE** STD  
**NAME** WATSON, JACKIE M  
**STREET ADDRESS** 4826-A KERRY FOREST PKWY  
**CITY-ST-ZIP** TALLAHASSEE, FL 32308

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

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**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

U00000619127  
02/08/07-80058-022 61.25

**DO NOT WRITE  
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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2-1-07**

Date

**668-2228**

Daytime Phone #