

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000002869

FILED
Feb 25, 2007
Secretary of State

Entity Name: SHADOW OAKS II PROPERTY OWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

5834 LENMAR CT.
HOLIDAY, FL 34690 US

New Principal Place of Business:

Current Mailing Address:

5834 LENMAR CT.
HOLIDAY, FL 34690 US

New Mailing Address:

FEI Number: 59-3592238

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PHILLIPS, CARRIE A MRS.
5834 LENMAR CT.
HOLIDAY, FL 34690 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: DENNISON, WILLIAM MR
Address: 5827 LENMAR CT.
City-St-Zip: HOLIDAY, FL 34690

Title: VP () Delete
Name: SKRELUNAS, CHRISTI
Address: 5826 LENMAR CT.
City-St-Zip: HOLIDAY, FL 34690

Title: T () Delete
Name: PHILLIPS, CARRIE
Address: 5834 LENMAR CT
City-St-Zip: HOLIDAY, FL 34690

Title: S () Delete
Name: TRUSCOTT, DOROTHY
Address: 5835 LENMAR CT
City-St-Zip: HOLIDAY, FL 34690

Title: D () Delete
Name: THEIMANN, ERICH
Address: 5814 LENMAR CT
City-St-Zip: HOLIDAY, FL 34690

Title: D () Delete
Name: DURNELL, WILLIAM
Address: 5815 LENMAR CT
City-St-Zip: HOLIDAY, FL 34690

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: DURNELL, WILLIAM MR
Address: 5815 LENMAR CT.
City-St-Zip: HOLIDAY, FL 34690

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CARRIE A PHILLIPS

T

02/25/2007

Electronic Signature of Signing Officer or Director

Date