

**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 29, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # N99000002869**

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



Principal Place of Business  
**5834 LENMAR CT.  
HOLIDAY, FL 34690 US**

Mailing Address  
**5834 LENMAR CT.  
HOLIDAY, FL 34690 US**



02202008 No Chg-NP

CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-3592238**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

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

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

**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 re-registering)

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**

000000843809  
03/12/08-80010-012 61.25

**10. OFFICERS AND DIRECTORS**

TITLE P  
NAME DURNELL, WILLIAM MR  
STREET ADDRESS 5815 LENMAR CT.  
CITY-ST-ZIP HOLIDAY, FL 34690

TITLE VP  
NAME SKRELUNAS, CHRISTI  
STREET ADDRESS 5826 LENMAR CT.  
CITY-ST-ZIP HOLIDAY, FL 34690

TITLE T  
NAME PHILLIPS, CARRIE  
STREET ADDRESS 5834 LENMAR CT  
CITY-ST-ZIP HOLIDAY, FL 34690

TITLE S  
NAME TRUSCOTT, DOROTHY  
STREET ADDRESS 5835 LENMAR CT  
CITY-ST-ZIP HOLIDAY, FL 34690

TITLE D  
NAME THEIMANN, ERICH  
STREET ADDRESS 5814 LENMAR CT  
CITY-ST-ZIP HOLIDAY, FL 34690

TITLE D  
NAME DURNELL, WILLIAM  
STREET ADDRESS 5815 LENMAR CT  
CITY-ST-ZIP HOLIDAY, FL 34690

**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

Date

Daytime Phone #