

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000002869

FILED  
Mar 22, 2009  
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: DURNELL, WILLIAM MR  
Address: 5815 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: MAUL, JENNIFER MRS  
Address: 5809 LENMAR CT.  
City-St-Zip: HOLIDAY, FL 34690

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

Title: T (X) Change ( ) Addition  
Name: MANNING, MARY  
Address: 5749 LENMAR CT  
City-St-Zip: HOLIDAY, FL 34690

Title: S (X) Change ( ) Addition  
Name: ROBEY, JAIME  
Address: 5840 LENMAR CT  
City-St-Zip: HOLIDAY, FL 34690

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

Title: D (X) Change ( ) Addition  
Name: PHILLIPS, CARRIE  
Address: 5834 LENMAR CT  
City-St-Zip: HOLIDAY, FL 34690

I hereby certify that the information supplied with this filing does not qualify 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: MARY MANNING

T

03/22/2009

Electronic Signature of Signing Officer or Director

Date