

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 13, 2006 8:00 am
Secretary of State

04-13-2006 90287 008 ***150.00

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1. Entity Name

SHADOW BROOK WATER AND SEWER MANAGEMENT, INC.



Principal Place of Business

6710 ELLENTON GILLETTE RD., #400
PALMETTO FL 34221
US

Mailing Address

P.O. BOX 126
PALMETTO FL 34220
US



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/05)

4. FEI Number

59-3163919

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

FREEDOM PROPERTIES, INC.
1720 MANATEE AVE
BRADENTON FL 34205

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

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

(NOTE: Registered Agent signature required when reconstituting)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2006 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	FAWCETT, MICHAEL	
STREET ADDRESS	6710 ELLENTON-GILLETTE RD #320	
CITY-ST-ZIP	PALMETTO FL 34221	
TITLE	D	<input type="checkbox"/> Delete
NAME	LUCEY, ROBERT	
STREET ADDRESS	6710 ELLENTON GILLETTE #326	
CITY-ST-ZIP	PALMETTO FL 34221	
TITLE	P	<input type="checkbox"/> Delete
NAME	SHELLEY, DEAN	
STREET ADDRESS	6710 ELLENTON GILLETTE RD 56	
CITY-ST-ZIP	PALMETTO FL 34221	
TITLE	DS	<input type="checkbox"/> Delete
NAME	REEVE, CECIL B.	
STREET ADDRESS	6710 ELLENTON-GILLETTE RD #89	
CITY-ST-ZIP	PALMETTO FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	WEIH, ROBERT	
STREET ADDRESS	6710 ELLERION GILLETTE 126	
CITY-ST-ZIP	PALMETTO FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VOSS, EDWARD P.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	6710 ELLENTON GILLETTE RD #65	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 607, 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: *M. Dean Shelley, (President)* *4/6/06*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #