

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000001337

Entity Name: SHADOW PINES HOMEOWNERS' ASSOCIATION, INC.**Current Principal Place of Business:**2441 U S HWY 98 W
STE 101
SANTA ROSA BEACH, FL 32459**Current Mailing Address:**2441 U S HWY 98 W
STE 101
SANTA ROSA BEACH, FL 32459 US**FEI Number:** 20-2334222**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**PRITCHETT, WALTER R
2441 U S HWY 98 W
STE 101
SANTA ROSA BEACH, FL 32459 US*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:** WALTER R PRITCHETT

04/23/2015

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title D P
Name QUINN, NOELLE
Address 2441 U S HWY 98 W
STE 101
City-State-Zip: SANTA ROSA BEACH FL 32459

Title D, V
Name LAWRENCE, WALT
Address 2441 U S HWY 98 W
STE 101
City-State-Zip: SANTA ROSA BEACH FL 32459

Title D
Name DELAWALLA, AMIN F
Address 2441 U S HWY 98 W
STE 101
City-State-Zip: SANTA ROSA BEACH FL 32459

Title D S
Name PARKER, ROBERT
Address 2441 U S HWY 98 W
STE 101
City-State-Zip: SANTA ROSA BEACH FL 32459

Title D, T
Name BISHOP, JERRY
Address 2441 U S HWY 98 W
STE 101
City-State-Zip: SANTA ROSA BEACH FL 32459

I hereby 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 all other like empowered.

SIGNATURE: NOELLE QUINN**DIRECTOR**

04/23/2015

Electronic Signature of Signing Officer/Director Detail

Date