


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # N03000002526					
1. Entity Name <b>SHADY OAKS OF ARCADIA OWNERS ASSOCIATION, INC</b>					
Principal Place of Business <b>5792 NE <del>17th</del> CUBITIS AVE ARCADIA FL 34266</b>			Mailing Address <b>5792 NE <del>17th</del> CUBITIS AVE LOT C-7 ARCADIA FL 34266</b>		
2. Principal Place of Business		3. Mailing Address <b>5792 NE CUBITIS AVE</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc. <b>LOT C-7</b>			
City & State		City & State <b>ARCADIA FL</b>		4. FEI Number <b>57-1158017</b>	
Zip		Zip <b>34266</b>		Country <b>USA</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>					
6. Name and Address of Current Registered Agent  <b>O'LEARY, JAMES M 2210 NE DANIEL ST ARCADIA FL 34266</b>			7. Name and Address of New Registered Agent  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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make Check Payable to Florida Department of State</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P KOON, RICHARD E 5792 N.E. HWY 17 A2 ARCADIA FL 34266 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP PERISI, CHLOE 5792 N.E. HWY 17 B3 ARCADIA FL 34266 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SEC. KOON, CAROL A 5792 N.E. HWY 17 A2 ARCADIA FL 34266 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	SEC. <b>Beorgette HINSchberger</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>5792 NE Cubitis AVE LOT C-7</b> <b>ARCADIA FL 34266</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TRES KOON, MICHELE A 5792 N.E. HWY 17 A6 ARCADIA FL 34266 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	TREAS. <b>MARION SUSNIK</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>5792 NE Cubitis AVE LOT C-7</b> <b>ARCADIA FL 34266</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <b>Marion Susnik Treas -</b>			Date: <b>3-18-05</b> Daytime Phone #: <b>863.494.9289</b>		

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TALLAHASSEE, FLORIDA



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1st MOORE CR2E037 (10/04)