2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2009
Secretary of State

DOCUMENT# N07000002593

Entity Name: SHADY OAKS CONDOMINIUM OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

24 WALTER MARTIN ROAD
FORT WALTON BEACH, FL 32548

New Principal Place of Business:

24 WALTER MARTIN RD NE
SUITE 201
FORT WALTON BEACH, FL 32548

Current Mailing Address:

24 WALTER MARTIN ROAD
FORT WALTON BEACH, FL 32548

New Mailing Address:

24 WALTER MARTIN RD NE
SUITE 201
FORT WALTON BEACH, FL 32548

FEI Number: 37-1568406 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MICHAEL WM MEAD
24 WALTER MARTIN ROAD
FORT WALTON BEACH, FL 32548 US

Name and Address of New Registered Agent:

MICHAEL WM MEAD
24 WALTER MARTIN RD NE
SUITE 201
FORT WALTON BEACH, FL 32548 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: _____ 04/09/2009
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: ANDREWS, JERALD E
Address: 415 GULF SHORE DRIVE #16
City-St-Zip: DESTIN, FL 32541

Title: STD ( ) Delete
Name: CLEMENTS, JAN J
Address: 2566 CAYENNE LANE
City-St-Zip: SHALIMAR, FL 32579 US

Title: VD ( ) Delete
Name: ANDREWS, JOAN E
Address: 415 GULF SHORE DRIVE #16
City-St-Zip: DESTIN, FL 32541

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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: JERALD E. ANDREWS P 04/09/2009
Electronic Signature of Signing Officer or Director — Date