

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N19982

FILED
Apr 20, 2009
Secretary of State

Entity Name: SHADY RIDGE ESTATES HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

5430 SW 39 WAY
FT. LAUDERDALE, FL 33312 US

New Principal Place of Business:

Current Mailing Address:

5430 SW 39 WAY
FORT LAUDERDALE, FL 33312 US

New Mailing Address:

FEI Number: 65-0131065 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PECKO, JOSEPH
5430 SW 39 WAY
FORT LAUDERDALE, FL 33312 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: D () Delete
Name: SINGER, KEVIN
Address: 3901 LAUREL OAK LANE
City-St-Zip: FT LAUDERDALE, FL 33312

Title: S () Delete
Name: FEDERMAN, AMY
Address: 5411 SW 39TH AVE.
City-St-Zip: FT LAUDERDALE, FL 33312

Title: P () Delete
Name: WINEPOL, JEFF
Address: 3930 SW 54 CT
City-St-Zip: FORT LAUDERDALE, FL 33312

Title: D () Delete
Name: VLACHOS, TOM
Address: 5410 SHADY OAK LANE
City-St-Zip: FORT LAUDERDALE, FL 33312

Title: T () Delete
Name: JULIAN, DAVID
Address: 5421 SW 39 WAY
City-St-Zip: FORT LAUDERDALE, FL 33312

Title: VP () Delete
Name: MORRIS, STEVEN
Address: 5430 SHADY OAK LANE
City-St-Zip: FORT LAUDERDALE, FL 33312

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:

Title: () Change () Addition
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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: JEFF WINEPOL

P

04/20/2009

Electronic Signature of Signing Officer or Director

_____ Date