

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N93000001217 (9)

1. Corporation Name

SHADY LANE SUBDIVISION HOME OWNERS ASSOCIATION, INC.



Principal Place of Business

Mailing Address

**13-12 SHADY LANE
MARY ESTHER FL 32569**

**13-12 SHADY LANE
MARY ESTHER FL 32569**

3. Date Incorporated or Qualified
03/09/1993

3a. Date of Last Report
03/07/1995

2. Principal Place of Business
21 11 Shady Lane

2a. Mailing Address
26 11 Shady Lane

4. FEI Number
59-3169900

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

City & State

City & State

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

23 Mary Esther, FL

28 Mary Esther, FL

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

Zip
24 32569

Country
25 USA

Zip
29 32569

Country
30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**LENGFIELD, KENNETH T
12 SHADY LANE
MARY ESTHER FL 32569**

81 Name
Donald C. Dineen

82 Street Address (P.O. Box Number is Not Acceptable)
11 Shady Lane

84 City
Mary Esther

85 Zip Code
FL 32569

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE **Donald C. Dineen**

Donald C. Dineen

29 January 1996

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D** DELETE
NAME **LENGFIELD, KENNETH T**
STREET ADDRESS **12 SHADY LANE**
CITY-ST-ZIP **MARY ESTHER FL 32569**

11 TITLE **D/V** Change Addition
12 NAME **Andrew Corbin**
13 STREET ADDRESS **9 Shady Lane**
14 CITY-ST-ZIP **Mary Esther, FL 32569**

TITLE **D** DELETE
NAME **CROWDER, GROVER E**
STREET ADDRESS **3 SHADY LANE**
CITY-ST-ZIP **MARY ESTHER FL 32569**

21 TITLE **D/S/T** Change Addition
22 NAME **Gregory Crane**
23 STREET ADDRESS **13 Shady Lane**
24 CITY-ST-ZIP **Mary Esther, FL 32569**

TITLE **D** DELETE
NAME **DINEEN, DONALD C**
STREET ADDRESS **11 SHADY LANE**
CITY-ST-ZIP **MARY ESTHER FL 32569**

31 TITLE **D/P** Change Addition
32 NAME **Donald C. Dineen**
33 STREET ADDRESS **11 Shady Lane**
34 CITY-ST-ZIP **Mary Esther, FL 32569**

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

41 TITLE Change Addition
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

51 TITLE Change Addition
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

61 TITLE Change Addition
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with my address.

SIGNATURE: **Donald C. Dineen, President**

29 January

904-244-5143

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

9 96

CFR2E037 (12/95)