


FILED
Mar 16, 1999 8:00 am
Secretary of State

03-16-1999 90081 005 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
DOCUMENT # N93000001217 1. Corporation Name SHADY LANE SUBDMISION HOME OWNERS ASSOCIATION, INC.		
Principal Place of Business 11 SHADY LANE MARY ESTHER FL 32569 US	Mailing Address 11 SHADY LANE MARY ESTHER FL 32569 US	



2. Principal Place of Business 21 11 Shady Lane Suite, Apt. #, etc.	2a. Mailing Address 28 12 Shady Lane Suite, Apt. #, etc.	3. Date Incorporated or Qualified 03/09/1993
22 City & State 23 Mary ESTHER FL	27 City & State 28 Mary ESTHER FL	4. FEI Number 59-3169900
24 Zip 32569	29 Zip 32569	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
25 Country Okaloosa	30 Country Okaloosa	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent DINEEN, DONALD C. 11 SHADY LANE MARY ESTHER FL 32569	10. Name and Address of New Registered Agent B1 Name Kenneth T. Lengfield B2 Street Address (P.O. Box Number is Not Acceptable) 17 Shady Lane B3 B4 City Mary Esther FL B5 Zip Code 32569
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11. Pursuant to the provisions of Sections 617.0302 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 617.0303, Florida Statutes.

SIGNATURE *Kenneth T. Lengfield* DATE 11 March 1999

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE DV NAME ROTHBAUER, RONALD STREET ADDRESS 1 SHADY LANE CITY-ST-ZIP MARY ESTHER FL 32569	<input type="checkbox"/> DELETE	11 TITLE DP 12 NAME Riggs, Stephen 13 STREET ADDRESS 9 Shady Lane, Mary Esther FL 14 CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE DST NAME LENGFIELD, KENNETH STREET ADDRESS 14 SHADY LANE CITY-ST-ZIP MARY ESTHER FL 32569	<input type="checkbox"/> DELETE	21 TITLE DST 22 NAME Lengfield, Kenneth T. 23 STREET ADDRESS 12 Shady Lane 24 CITY-ST-ZIP Mary Esther FL 32569	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE DP NAME DINEEN, DONALD C. STREET ADDRESS 11 SHADY LANE CITY-ST-ZIP MARY ESTHER FL	<input checked="" type="checkbox"/> DELETE	31 TITLE DV 32 NAME Rothbauer, Ronald 33 STREET ADDRESS 1 Shady Lane Mary Esther FL 34 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE DP NAME Riggs, Stephen STREET ADDRESS 9 Shady Lane, Mary Esther CITY-ST-ZIP	<input type="checkbox"/> DELETE	41 TITLE 42 NAME 43 STREET ADDRESS 44 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	61 TITLE 62 NAME 63 STREET ADDRESS 64 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. 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 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 an address, with all other like empowers.

SIGNATURE Kenneth T. Lengfield Sec/Treas. DATE 12 March 1999 850/244-4836

CR2037 (11/98)