

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N93000001217

FILED  
May 13, 2002 8:00 AM  
Secretary of State

**Entity Name:** SHADY LANE SUBDIVISION HOME OWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

5 SHADY LANE  
MARY ESTHER, FL 32569 US

**New Principal Place of Business:**

**Current Mailing Address:**

5 SHADY LANE  
MARY ESTHER, FL 32569 US

**New Mailing Address:**

FEI Number: 59-3169900      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

OLSON, STACY  
5 SHADY LANE  
MARY ESTHER, FL 32569

**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: DST ( ) Delete  
Name: OLSON, STACY  
Address: 5 SHADY LANE  
City-St-Zip: MARY ESTHER, FL 32569

Title: DP ( ) Delete  
Name: THOMAS, GEORGIA  
Address: 10 SHADY LANE  
City-St-Zip: MARY ESTHER, FL 32569

Title: DV ( ) Delete  
Name: SMITH, EDWARD  
Address: 15 SHADY LANE  
City-St-Zip: MARY ESTHER, FL 32569

**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 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 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: STACY OLSON

DST

05/13/2002

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date