

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Apr 21, 2009
Secretary of State**

DOCUMENT# N93000001217

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, KEN
5 SHADY LANE
MARY ESTHER, FL 32569 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: DST () Delete
Name: LONGFIELD, KEN
Address: 12 SHADY LANE
City-St-Zip: MARY ESTHER, FL 32569

Title: DV () Delete
Name: MIZELLE, JOHN
Address: 13 SHADY LANE
City-St-Zip: MARY ESTHER, FL 32569

Title: DP () Delete
Name: OLSON, KEN
Address: S SHADY LANE
City-St-Zip: MARY ESTHER, FL 32569

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DST (X) Change () Addition
Name: LENGFIELD, KEN
Address: 12 SHADY LANE
City-St-Zip: MARY ESTHER, FL 32569

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: KEN OLSON

DP

04/21/2009

Electronic Signature of Signing Officer or Director

_____ Date