

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000001217

**FILED**  
**Apr 26, 2011**  
**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:**

3 SHADY LANE  
MARY ESTHER, FL 32569 US

**Current Mailing Address:**

5 SHADY LANE  
MARY ESTHER, FL 32569 US

**New Mailing Address:**

3 SHADY LANE  
MARY ESTHER, FL 32569 US

FEI Number: 59-3169900

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

OLSON, KENNETH  
5 SHADY LANE  
MARY ESTHER, FL 32569 US

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

LOWE, SAMUEL S III  
3 SHADY LANE  
MARY ESTHER, FL 32569 US

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: SAMUEL S LOWE III

04/26/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: DP  
Name: LOWE, SAM  
Address: 3 SHADY LANE  
City-St-Zip: MARY ESTHER, FL 32569

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

Title: DST  
Name: THOMAS, GEORGIA  
Address: 11 SHADY LANE  
City-St-Zip: MARY ESTHER, FL 32569

I hereby 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 all other like empowered.

SIGNATURE: SAMUEL S LOWE III

DP

04/26/2011

Electronic Signature of Signing Officer or Director

Date