

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jun 11, 2003 8:00 am
Secretary of State

05-12-2003 90230 026 ****61.50

DOCUMENT # N93000001217

1. Entity Name
SHADY LANE SUBDIVISION HOME OWNERS ASSOCIATION, INC.



Principal Place of Business
**5 SHADY LANE
MARY ESTHER FL 32569
US**

Mailing Address
**5 SHADY LANE
MARY ESTHER FL 32569
US**

55047539

2. Principal Place of Business

3. Mailing Address
10 Shady Lane

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
Mary Esther, FL

4. FEI Number **59-3169900**

Applied For
Not Applicable

Zip

Country

Zip
32569
Country
USA

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

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**OLSON, STACY
5 SHADY LANE
MARY ESTHER FL 32569**

Name
Georgia Thomas
Street Address (P.O. Box Number is Not Acceptable)
10 Shady Lane
City
MARY ESTHER FL Zip Code
32569

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Georgia Thomas*
Signature, typed or printed name of registered agent and title if applicable.

5.3.03
DATE

(NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25

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

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST OLSON, STACY 5 SHADY LANE MARY ESTHER FL 32569	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP THOMAS, GEORGIA 10 SHADY LANE MARY ESTHER FL 32569	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV SMITH, EDWARD 15 SHADY LANE MARY ESTHER FL 32569	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Sec. Treasurer Georgia Thomas 10 Shady Lane MARY ESTHER, FL. 32569	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Pres. V-Pres. CHRIS ALLEN 8 Shady Lane MARY ESTHER, FL. 32569	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Pres. Lou Richardson 14 Shady Lane MARY ESTHER, FL. 32569	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *SIGNATURE REQUIRED*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5.3.03 *850-244-3460*
Date Daytime Phone #

CP2E037 (10/02)