

Amend 03

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

09-05-2003 90114 033 ****61.25

N93000001217

03 SEP 10 PM 12:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

0003190

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

2. Principal Place of Business

10 SHADY LANE

Suite, Apt. #, etc.

3. Mailing Address

10 SHADY LANE

Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES



City & State

MARY ESTHER, FL.

Zip

32569

Country

USA

City & State

MARY ESTHER, FL.

Zip

32569

Country

USA

4. FEI Number 59-3169900

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

OLSON, STACY
5 SHADY LANE
MARY ESTHER FL 32569

7. Name and Address of New Registered Agent

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.

Georgia Thomas

(NOTE: Registered Agent signature required when reinstating)

9.03.03

DATE

FILE NOW: FEE IS \$61.25

After September 10, 2003, min will be \$236.25

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
DST	GEORGIA Thomas	10 Shady Lane	MARY ESTHER, FL. 32569	<input checked="" type="checkbox"/>	<input type="checkbox"/>
DP	SKIP RICHARDSON	13 Shady Lane	MARY ESTHER, FL. 32569	<input checked="" type="checkbox"/>	<input type="checkbox"/>
DV	CHRIS ALLEN	8 Shady Lane	MARY ESTHER, FL 32569	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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

9-3-03

Date

850-244-3460

Daytime Phone #

CR2E037 (4/03)