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Apr 30 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N96000001716 (7)**

1. Corporation Name

SHADY LANE MOBILE HOME PARK HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business

**C/O E LABRON FREE PA
2725 PARK DRIVE STE 3
CLEARWATER FL 34623-1023**

Mailing Address

**C/O E LABRON FREE PA
2725 PARK DRIVE STE 3
CLEARWATER FL 34623-1023**

3. Date Incorporated or Qualified
03/25/1996

3a. Date of Last Report

2. Principal Place of Business

21 c/o E. LeBron Free P.A.

22 2725 Park Drive, Suite 3

City & State

23 Clearwater, FL

Zip

24 34623-1023

Country

2a. Mailing Address

26 c/o E. LeBron Free, P.A.

27 2725 Park Drive, Suite 3

City & State

28 Clearwater, FL

Zip

29 34623-1023

Country

30

4. FEI Number

☒ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

**FREE, E LeBRON
2725 PARK DR STE 3
CLEARWATER FL 34623-1023**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PD** ☐ DELETE

NAME **John Sorochoan**
STREET ADDRESS **15400 Roosevelt Blvd. Lot 903**
CITY-ST-ZIP **Clearwater, FL 34620**

TITLE **V/D** ☐ DELETE

NAME **Gordon Parks**
STREET ADDRESS **15400 Roosevelt Blvd. Lot 605**
CITY-ST-ZIP **Clearwater, FL 34620**

TITLE **S/D** ☐ DELETE

NAME **Sharon Rengel**
STREET ADDRESS **15400 Roosevelt Blvd. Lot 220**
CITY-ST-ZIP **Clearwater, FL 34620**

TITLE **T/D** ☐ DELETE

NAME **Bill Kyle**
STREET ADDRESS **15400 Roosevelt Blvd. Lot 425**
CITY-ST-ZIP **Clearwater, FL 34620**

TITLE **D** ☐ DELETE

NAME **Jack Mullong**
STREET ADDRESS **15400 Roosevelt Blvd. Lot 221**
CITY-ST-ZIP **Clearwater, FL 34620**

TITLE **D** ☐ DELETE

NAME **Leroy DesJardin**
STREET ADDRESS **15400 Roosevelt Blvd. Lot 703**
CITY-ST-ZIP **Clearwater, FL 34620**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **D** ☐ Change ☒ Addition

1.2 NAME **Doris Lowry**
1.3 STREET ADDRESS **15400 Roosevelt Blvd. Lot 612**
1.4 CITY-ST-ZIP **Clearwater, FL 34620**

2.1 TITLE **D** ☐ Change ☒ Addition

2.2 NAME **Bill Watts**
2.3 STREET ADDRESS **15400 Roosevelt Blvd. Lot 413**
2.4 CITY-ST-ZIP **Clearwater, FL 34620**

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # **0067626**

CP2E037 (9/96)