


FILE NOW: FILING FEE IS \$61.25

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Mar 24 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N 97000000708**
1. Corporation Name
SHADY LANE VILLAGE HOME OWNERS INC.

Principal Place of Business 15666 49TH ST. N. LOT 1006 CLEARWATER, FL. 33762 US	Mailing Address 15666 49TH ST. N. LOT 1006 CLEARWATER, FL. 33762 US
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3. Date Incorporated or Qualified 02/06/1997	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
4. FEI Number 59-2661068		

2. Principal Place of Business 21 15666 49TH ST. N.	2a. Mailing Address 26 15666 49TH ST. N.	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Suite, Apt. #, etc. 22 LOT 1006	Suite, Apt. #, etc. 27	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
City & State 23 CLEARWATER, FL	City & State 28	7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Zip 24 33762	Country 25 PINELLAS	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
9. Name and Address of Current Registered Agent FORD, EDWIN I. 2310 WEST BAY DRIVE LARGO, FL. 33540	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		(NOTE: Registered Agent signature required when reinstating)		DATE
12. OFFICERS AND DIRECTORS				
TITLE	P	<input type="checkbox"/> DELETE		
NAME	ROBINSON, QUENTIN			
STREET ADDRESS	15666 49TH ST. N. LOT 1142			
CITY-ST-ZIP	CLEARWATER, FL. 33762			
TITLE	VP	<input type="checkbox"/> DELETE		
NAME	KUYKENDALL, BARBERA			
STREET ADDRESS	15666 49TH ST. N. LOT 1100			
CITY-ST-ZIP	CLEARWATER, FL. 33762			
TITLE	S	<input type="checkbox"/> DELETE		
NAME	WATNOUGH, JANE			
STREET ADDRESS	15666 49TH ST. N. LOT 1145			
CITY-ST-ZIP	CLEARWATER, FL. 33762			
TITLE	T	<input type="checkbox"/> DELETE		
NAME	ANDERSON, CHARLES			
STREET ADDRESS	15666 49TH ST. N. LOT 1006			
CITY-ST-ZIP	CLEARWATER, FL. 33762			
TITLE		<input type="checkbox"/> DELETE		
NAME				
STREET ADDRESS				
CITY-ST-ZIP				
TITLE		<input type="checkbox"/> DELETE		
NAME				
STREET ADDRESS				
CITY-ST-ZIP				
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12				
11 TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
12 NAME	THOMAS HUDSON			
13 STREET ADDRESS	15666 49TH ST. N. LOT 1045			
14 CITY-ST-ZIP	CLEARWATER, FL. 33762			
21 TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
22 NAME	CARL HARRIS			
23 STREET ADDRESS	15666 49TH ST. N. LOT 1062			
24 CITY-ST-ZIP	CLEARWATER, FL. 33762			
31 TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
32 NAME	JEAN BITTER			
33 STREET ADDRESS	15666 49TH ST. N. LOT 1028			
34 CITY-ST-ZIP	CLEARWATER, FL. 33762			
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
42 NAME				
43 STREET ADDRESS				
44 CITY-ST-ZIP				
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
52 NAME				
53 STREET ADDRESS				
54 CITY-ST-ZIP				
61 TITLE	500002468285			
62 NAME	-03/25/98--01076--009			
63 STREET ADDRESS	***\$61.25			
64 CITY-ST-ZIP				

14. 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 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: **Charles J. Anderson**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
CHARLES J. ANDERSON

3/5/98 Date **813-530-7466** Daytime Phone #

CR2E037 (10/97)