


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Mar 04, 1999 8:00 am**  
**Secretary of State**

03-04-1999 90155 043 \*\*\*\*61.25

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<b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>				<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # N97000000708</b>					
1. Corporation Name <b>SHADY LANE VILLAGE HOME OWNERS INC.</b>					
Principal Place of Business 15666 49TH ST NORTH LOT 1069 CLEARWATER FL 33762			Mailing Address 15666 49TH ST NORTH LOT 1069 CLEARWATER FL 33762		
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29		3. Date Incorporated or Qualified <b>02/06/1997</b> 4. FEI Number <b>59-2661068</b> 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
9. Name and Address of Current Registered Agent <b>FORD, EDWIN I</b> <b>2310 WEST BAY DRIVE</b> <b>LARGO FL 33540</b>			10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 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 <input checked="" type="checkbox"/> DELETE NAME <b>ROBINSON, QUENTIN</b> STREET ADDRESS <b>15666 49TH ST NORTH, LOT 1142</b> CITY-ST-ZIP <b>CLEARWATER FL 33762</b> TITLE <input type="checkbox"/> DELETE NAME <b>KUYKENDALL, BARBERA</b> STREET ADDRESS <b>15666 49TH ST NORTH, LOT 1100</b> CITY-ST-ZIP <b>CLEARWATER FL 33762</b> TITLE <input type="checkbox"/> DELETE NAME <b>WATMOUGH, JANE</b> STREET ADDRESS <b>15666 49TH ST NORTH, LOT 1145</b> CITY-ST-ZIP <b>CLEARWATER FL 33762</b> TITLE <input checked="" type="checkbox"/> DELETE NAME <b>ANDERSON, CHARLES</b> STREET ADDRESS <b>15666 49TH ST NORTH, LOT 1008</b> CITY-ST-ZIP <b>CLEARWATER FL 33762</b> TITLE <input type="checkbox"/> DELETE NAME <b>HUDSON, THOMAS</b> STREET ADDRESS <b>15666 49TH ST NORTH, LOT 1045</b> CITY-ST-ZIP <b>CLEARWATER FL 33762</b> TITLE <input type="checkbox"/> DELETE NAME <b>HARRIS, CARL</b> STREET ADDRESS <b>15666 49TH ST NORTH, LOT 1062</b> CITY-ST-ZIP <b>CLEARWATER FL 33762</b>			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1.2 NAME <b>P HEATH, SAM</b> 1.3 STREET ADDRESS <b>15666 49th ST. N. LOT 1069</b> 1.4 CITY-ST-ZIP <b>CLEARWATER, FL. 33762</b> 2.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 2.2 NAME <b>T DRAKE, HILTON</b> 2.3 STREET ADDRESS <b>15666 49th ST. N. LOT 1077</b> 2.4 CITY-ST-ZIP <b>CLEARWATER, FL. 33762</b> 3.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME <b>D ROBINSON, QUENTIN</b> 3.3 STREET ADDRESS <b>15666 49th ST. N. LOT 1142</b> 3.4 CITY-ST-ZIP <b>CLEARWATER, FL. 33762</b> 4.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 4.2 NAME <b>D GOEDERT, YVONNE</b> 4.3 STREET ADDRESS <b>15666 49th ST. N. LOT 1146</b> 4.4 CITY-ST-ZIP <b>CLEARWATER, FL. 33762</b> 5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 6.2 NAME 6.3 STREET ADDRESS 6.4 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, with all other like empowered.

**SIGNATURE:** G. Robinson **SIGNATURE REQUIRED** (1999) 2/13/99 727-830-7466  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)