2008 FOR PROFIT CORPORATION **ANNUAL REPORT**

DO NOT WRITE IN THIS SPACE

FILED Jan 24, 2008 08:00 Al Secretary of State

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1. Entity Name

SHADY LANE PROPERTY OWNERS ASSOCIATION, INC.



Principal Place of Business

7 SHADY LANE TEQUESTA, FL 33469 Mailing Address

7 SHADY LANE

TEQUESTA, FL 33469



01102008

No Chg-P

CR2E034 (11/05)

4. FEI Number 56-2668618

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BRUNO PAUL

7 SHADY LANE TEQUESTA, FL 33469 8. The above named entity submits this statement for the purpose of changing its registered the obligations of registered agent.				IN THIS SPACE and office or registered agent, or both, in the State of Florida. I am familiar with, and accept			
SIGNATURE.	Signature typed or printed name of registered agent and title	if applicable (NOTE, Registere	J Agent signuturi	required when reinstating)	DATE		
	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00	Election Campaign Finan Trust Fund Contribution.	cing	\$5.00 May Be Added to Fees			
10. TITLE VAME STREET ADDRESS CITY-ST-ZIP TITLE VAME STREET ADDRESS CITY-ST-ZIP TITLE VAME STREET ADDRESS CITY-ST-ZIP TITLE VAME STREET ADDRESS STRY-ST-ZIP	OFFICERS AND DIRECT P BRUNO, PAUL 7 SHADY LANE TEQUESTA, FL 33469 V KAIRALLA, ANEESY 20 SHADY LANE TEQUESTA, FL 33469 T FISCHER, CHARLES 15 SHADY LANE TEQUESTA, FL 33469	TORS		DO	000000794757 01/28/08-90020-018 150.00 NOT WRITE		
ITLE HAME STREET ADDRESS DITY-ST-ZIP HILE HAME STREET ADDRESS DITY-ST-ZIP	D SHERIDAN, JOY 23 SHADY LANE TEQUESTA, FL 33469			_	THIS SPACE		

12. Thereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119. 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 607, Florida Statutes, and that my name appears in Block 10 or Block 11 if charged, or on an attachment with an address, with all other like empowered.

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TITLE NAME STREET ADDRESS CITY-ST-ZIP

Daytime Phone #