

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # N29675 (8)**

1. Corporation Name

**SHADY WOOD PROPERTY OWNERS ASSOCIATION, INC.**



Principal Place of Business

Mailing Address

C/O ROBERT J. SCHAEZL  
2439 SE 35TH STREET  
OCALA FL 34471-6165

C/O ROBERT J. SCHAEZL  
2439 SE 35TH STREET  
OCALA FL 34471-6165

3. Date Incorporated or Qualified  
**12/13/1988**

3a. Date of Last Report  
**06/02/1995**

2. Principal Place of Business

2a. Mailing Address

**3630 SE 25TH AVE.**  
Suite, Apt. #, etc.

**3630 SE 25TH AVE**  
Suite, Apt. #, etc.

City & State

City & State

**OCALA FL 34471**  
Zip Country

**OCALA FL 34471**  
Zip Country

**34471**

**MARION**

**34471**

**MARION**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SCHAEZL, ROBERT J.  
2439 SE 35TH STREET  
OCALA FL 34471-6165

81 Name

**JAMES M. FUCHS**

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

**3630 S E 25 TH AVE**

83

**OCALA, FL 34471**

84 City

**OCALA**

**FL**

85 Zip Code  
**34471**

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

*James M. Fuchs Pres-D James M. Fuchs Pres-D*

**4-30-96**

(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 **SCHAEZL, ROBERT J.**  
STREET ADDRESS **2439 SE 35TH STREET**  
CITY-ST-ZIP **OCALA FL**

TITLE **VD** ☒ DELETE  
NAME **BJORK, CHRISTINA**  
STREET ADDRESS **2620 SE 33RD ST.**  
CITY-ST-ZIP **OCALA FL**

TITLE **SD** ☒ DELETE  
NAME **LEWIN, LENA**  
STREET ADDRESS **2600 SE 33RD ST.**  
CITY-ST-ZIP **OCALA FL**

TITLE **TD** ☐ DELETE  
NAME **DIXON, BETTY**  
STREET ADDRESS **2418 SE 35TH ST.**  
CITY-ST-ZIP **OCALA FL**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **PRESIDENT -D** ☐ Change ☒ Addition  
1.2 NAME **FUCHS, JAMES M.**  
1.3 STREET ADDRESS **3630 SE 25TH AVE**  
1.4 CITY-ST-ZIP **OCALA FL 34471**

2.1 TITLE **VICE-PRES.-D** ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS **CURRENTLY VACANT**  
2.4 CITY-ST-ZIP

3.1 TITLE **SECRETARY-D** ☐ Change ☒ Addition  
3.2 NAME **FUCHS, SHANNON L.**  
3.3 STREET ADDRESS **3630 SE 25TH AVE.**  
3.4 CITY-ST-ZIP **OCALA FL 34471**

4.1 TITLE **TREASURER -D** ☐ Change ☐ Addition  
4.2 NAME **BETTY DIXON**  
4.3 STREET ADDRESS **2418 S.E. 35th STREET**  
4.4 CITY-ST-ZIP **OCALA, FLORIDA, 34471**

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE **300001888856** ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS **-07/10/96--01012--016**  
6.4 CITY-ST-ZIP **\*\*\*61.25**

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

*James M. Fuchs James M. Fuchs 4-30-96 352 629 6756*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)