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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N97000000708**

1. Corporation Name

SHADY LANE VILLAGE HOME OWNERS INC.

Principal Place of Business	Mailing Address
15666 49TH ST NORTH LOT 1069 CLEARWATER FL 33762	15666 49TH ST NORTH LOT 1069 CLEARWATER FL 33762

2. Principal Place of Business (21)
Suite, Apt. #, etc. (22)
City & State (23)
Zip (24) Country (25)

2a. Mailing Address (26)
Suite, Apt. #, etc. (27)
City & State (28)
Zip (29) Country (30)

3. Date Incorporated or Qualifed: 02/06/1997

4. FEI Number: 59-2661068 ☐ Applied For ☐ Not Applicable

5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	~~P~~	☑ DELETE	1.1 TITLE	P	☐ Change ☒ Addition
NAME	~~ROBINSON, QUENTIN~~		1.2 NAME	HEATH, SAM	
STREET ADDRESS	~~15666 49TH ST NORTH, LOT 1142~~		1.3 STREET ADDRESS	15666 49th ST. N. LOT 1069	
CITY-ST-ZIP	~~CLEARWATER FL 33762~~		1.4 CITY-ST-ZIP	CLEARWATER, FL. 33762	
TITLE	V	☐ DELETE	2.1 TITLE	T	☐ Change ☒ Addition
NAME	KUYKENDALL, BARBERA		2.2 NAME	DRAKE, HILTON	
STREET ADDRESS	15666 49TH ST NORTH, LOT 1100		2.3 STREET ADDRESS	15666 49th ST. N. LOT 1077	
CITY-ST-ZIP	CLEARWATER FL 33762		2.4 CITY-ST-ZIP	CLEARWATER, FL. 33762	
TITLE	S	☐ DELETE	3.1 TITLE	D	☒ Change ☐ Addition
NAME	WATMOUGH, JANE		3.2 NAME	ROBINSON, QUENTIN	
STREET ADDRESS	15666 49TH ST NORTH, LOT 1145		3.3 STREET ADDRESS	15666 49th ST. N. LOT 1142	
CITY-ST-ZIP	CLEARWATER FL 33762		3.4 CITY-ST-ZIP	CLEARWATER, FL. 33762	
TITLE	~~T~~	☑ DELETE	4.1 TITLE	D	☐ Change ☒ Addition
NAME	~~ANDERSON, CHARLES~~		4. 2 NAME	GOEDERT, YVONNE	
STREET ADDRESS	~~15666 49TH ST NORTH, LOT 1066~~		4.3 STREET ADDRESS	15666 49th ST. N. LOT 1146	
CITY-ST-ZIP	~~CLEARWATER FL 33762~~		4.4 CITY-ST-ZIP	CLEARWATER, FL. 33762	
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	HUDSON, THOMAS		5.2 NAME		
STREET ADDRESS	15666 49TH ST NORTH, LOT 1045		5.3 STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER FL 33762		5.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	HARRIS, CARL		6.2 NAME		
STREET ADDRESS	15666 49TH ST NORTH, LOT 1062		6.3 STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER FL 33762		6.4 CITY-ST-ZIP		

CR2E037 (11/98)

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: SIGNATURE REQUIRED Sam Heath (Treas) 2/13/99 727-830-7466
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #