2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 13, 2004
Secretary of State

DOCUMENT# N29675

Entity Name: SHADY WOOD PROPERTY OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

3681 SE 25TH AVENUE
OCALA, FL 34471

New Principal Place of Business:

Current Mailing Address:

3681 SE 25TH AVENUE
OCALA, FL 34471

New Mailing Address:

FEI Number: 59-2902200 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ADAMS, JOHN Q II
3681 SE 25TH AVENUE
OCALA, FL 34471

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: ADAMS, JOHN Q II
Address: 3681 SE 25TH AVENUE
City-St-Zip: OCALA, FL 34471

Title: VPD ( ) Delete
Name: ARMSPOKER, JEFF
Address: 2459 SE 35TH STREET
City-St-Zip: OCALA, FL 34471

Title: SC ( ) Delete
Name: STEVENS, LARA
Address: 2576 SE 32ND PLACE
City-St-Zip: OCALA, FL 34471

Title: TD ( ) Delete
Name: LUSCIER, CAROL
Address: 2505 SE 38TH STREET
City-St-Zip: OCALA, FL 34471

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: TD (X) Change ( ) Addition
Name: WHIPS, ALAN
Address: 2400 SE 37TH STREET
City-St-Zip: OCALA, FL 34471

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN Q. ADAMS II PD 01/13/2004

Electronic Signature of Signing Officer or Director — Date