

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N97000000708

**FILED**  
**Jan 24, 2004**  
**Secretary of State****Entity Name:** SHADY LANE VILLAGE HOME OWNERS INC.**Current Principal Place of Business:**15666 49TH ST NORTH  
LOT 1025  
CLEARWATER, FL 33762**New Principal Place of Business:****Current Mailing Address:**15666 49TH ST NORTH  
LOT 1025  
CLEARWATER, FL 33762**New Mailing Address:****FEI Number:** 59-2661068**FEI Number Applied For ( )****FEI Number Not Applicable ( )****Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**FORD, EDWIN I  
2310 WEST BAY DRIVE  
LARGO, FL 33540 US**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:** P ( ) Delete  
**Name:** JUDSON, JOHN  
**Address:** 15666 49TH ST NORTH, LOT 1037  
**City-St-Zip:** CLEARWATER, FL 33762**Title:** V ( ) Delete  
**Name:** HOLFMAN, JOHN  
**Address:** 15666 49TH ST NORTH, LOT 1127  
**City-St-Zip:** CLEARWATER, FL 33762**Title:** S ( ) Delete  
**Name:** REGESTER, ISABELLE  
**Address:** 15666 49TH ST NORTH, LOT 1086  
**City-St-Zip:** CLEARWATER, FL 33762**Title:** T ( ) Delete  
**Name:** HAMERSTROM, BARBARA  
**Address:** 15666 49TH ST NORTH, LOT 1025  
**City-St-Zip:** CLEARWATER, FL 33762**Title:** D ( ) Delete  
**Name:** ELEANOR, CHASE  
**Address:** 15666 49TH ST NORTH, LOT 1029  
**City-St-Zip:** CLEARWATER, FL 33762**Title:** D ( ) Delete  
**Name:** RODRIGUE, SHIRLEY  
**Address:** 15666 49TH ST NORTH, LOT 1093  
**City-St-Zip:** CLEARWATER, FL 33762**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:****Title:** V (X) Change ( ) Addition  
**Name:** HOLEMAN, JOHN SR  
**Address:** 15666 49TH ST NORTH, LOT 1127  
**City-St-Zip:** CLEARWATER, FL 33762**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:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:**

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: BARBARA HAMERSTROM

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01/24/2004

Electronic Signature of Signing Officer or Director

Date