## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

## DOCUMENT # N29675

1. Entity Name

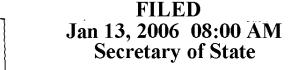
SHADY WOOD PROPERTY OWNERS ASSOCIATION,

INC.

Principal Place of Business

3681 SE 25TH AVENUE OCALA, FL 34471 Mailing Address

3681 SE 25TH AVENUE OCALA, FL 34471





01092006 No Chg-NP

CR2E037 (11/05)

4. FEI Number 59-2902200

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

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8. The above the obligate	named entity submits this statement for one of registered agent.	the purpose of changing its registere	d office or r	egistered agent, or be	oth, in the State of Florida. I am familiar with, and acce	
SIGNATURE_	Signature, typed or printed name of registered agent ar	id title if applicable (NOTE Registered	Agent signatur	e required when reinstating)	DATE -	
	Filing Fee is \$61.25 Due by May 1, 2006	9. Election Campaign Finant Trust Fund Contribution.	cing	\$5.00 May Be Added to Fees		
10.	ÖFFICERS AND D	TRECTORS				
TITLE NAME STREET ADDRESS GITY-ST-ZIP	PD ADAMS, JOHN Q II 3681 SE 25TH AVENUE OCALA, FL 34471			000000385190 01/18/06-80006-020 61.25 DO NOT WRITE IN THIS SPACE		
TITLE NAME STREET AODRESS CITY-ST-ZIP	VPD ARMSPOKER, JEFF 2459 SE 35TH STREET OCALA, FL 34471					
TITLE NAME STREET ADDRESS DITY-ST-ZIP	STD STEVENS, LARA 2576 SE 32ND PLACE OCALA, FL 34471					
TITLE NAME STREET ADDRESS CITY-ST-ZIP			-    -			
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE NAME						

12. I hereby certify that the information supplied with this filing 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 eath; 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 10 or Block 11 if changed, or on an attachment with an eddress, without other like empowered.

SIGNATURE: \_

C(TY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/2/05

352-237-3200

Daytime Phone #