

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N29675

FILED  
Apr 28, 2009  
Secretary of State

**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:**

3681 SE 25TH AVENUE  
OCALA, FL 34471 US

**Current Mailing Address:**

3681 SE 25TH AVENUE  
OCALA, FL 34471

**New Mailing Address:**

3681 SE 25TH AVENUE  
OCALA, FL 34471 US

**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 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: 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: STD ( ) Delete  
Name: JAMES, HOLMAN H  
Address: 2400 SE 17TH 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:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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

P

04/28/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date