

2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000002526

Entity Name: SHADY OAKS OF ARCADIA OWNERS ASSOCIATION, INC**Current Principal Place of Business:**5792 NE CUBITIS AVENUE
LOT A-4
ARCADIA, FL 34266**Current Mailing Address:**5792 NE CUBITIS AVENUE
LOT A-4
ARCADIA, FL 34266 US**FEI Number:** 57-1158017**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**O'LEARY, JAMES M
2210 NE DANIEL ST
ARCADIA, FL 34266 US*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**Officer/Director Detail :**

Title	P
Name	BERKLITE, BARRY MR
Address	5792 NE CUBITIS AVE., C4
City-State-Zip:	ARCADIA FL 34266

Title	VP
Name	ANDERSON, MARSHALL MR
Address	5792 NE CUBITIS AVE., C1
City-State-Zip:	ARCADIA FL 34266

Title	T
Name	KILBURN, JUDY
Address	5792 NE CUBITIS AVENUE, A-4
City-State-Zip:	ARCADIA FL 34266

Title	RA
Name	OHEARY, JAMES MMR
Address	2210 NE DANIELS STREET
City-State-Zip:	ARCADIA FL 34266

Title	S
Name	KOON, CAROL MRS
Address	5792 NE CUBITIS AVENUE A6
City-State-Zip:	ARCADIA FL 34266

I hereby 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 all other like empowered.

SIGNATURE: JUDY KILBURN**TREASURER****03/25/2013**_____
Electronic Signature of Signing Officer/Director Detail_____
Date