Entity Name: SHADY LANE SUBDIVISION HOME OWNERS ASSOCIATION, INC.			IUJIN.	cretary of State CC6391098708	
Current Prir	ncipal Place of Business:				
3 SHADY LN MARY ESTHEF	R, FL 32569				
Current Mai	iling Address:				
3 SHADY LN MARY ESTH	N HER, FL 32569 US				
FEI Number: 59-3169900 Certificate			Certificate of Sta	e of Status Desired: No	
Name and A	Address of Current Registered Agent:				
LOWE, SAM 3 SHADY LN MARY ESTHEF	R, FL 32569 US				
3 SHADY LN MARY ESTHEF	R, FL 32569 US d entity submits this statement for the purpose of changi	ng its registered office or regis	tered agent, or both, in the	e State of Florida.	
3 SHADY LN MARY ESTHEF The above named		ng its registered office or regis	tered agent, or both, in the	e State of Florida. 01/18/2017	
3 SHADY LN MARY ESTHEF The above named	d entity submits this statement for the purpose of changi	ng its registered office or regis	tered agent, or both, in the		
3 SHADY LN MARY ESTHEF The above named SIGNATURE	d entity submits this statement for the purpose of changiner SAM LOWE	ng its registered office or regis	tered agent, or both, in the	01/18/2017	
3 SHADY LN MARY ESTHEF The above named SIGNATURE	d entity submits this statement for the purpose of changin E: SAM LOWE Electronic Signature of Registered Agent	ng its registered office or regis	tered agent, or both, in the	01/18/2017	
3 SHADY LN MARY ESTHEF The above named SIGNATURE Officer/Dire	d entity submits this statement for the purpose of changin E: SAM LOWE Electronic Signature of Registered Agent			01/18/2017	
3 SHADY LN MARY ESTHER The above named SIGNATURE Officer/Dire Title	d entity submits this statement for the purpose of changin E: SAM LOWE Electronic Signature of Registered Agent ector Detail : PRESIDENT	Title	TREASURER	01/18/2017	
3 SHADY LN MARY ESTHEF The above named SIGNATURE Officer/Dire Title Name	d entity submits this statement for the purpose of changin E: SAM LOWE Electronic Signature of Registered Agent ector Detail : PRESIDENT LOWE, SAM 3 SHADY LN	Title Name	TREASURER OLSON, KENNETH	01/18/2017 Date	

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

The	VI
Name	RICHARDSON, WILLIAM
Address	14 SHADY LN
City-State-Zip:	MARY ESTHER FL 32569

DOCUMENT# N93000001217

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: SAM LOWE

Electronic Signature of Signing Officer/Director Detail

PRESIDENT

01/18/2017

FILED Jan 18, 2017

Date