Entity Name: SHADY LANE SUBDIVISION HOME OWNE	RS ASSOCI	ATION,	Secretary of State CC8166534058
Current Principal Place of Business:			
3 SHADY LN			
MARY ESTHER, FL 32569			
Current Mailing Address:			
3 SHADY LN			
MARY ESTHER, FL 32569 US			
FEI Number: 59-3169900		Certificate of S	tatus Desired: No
Name and Address of Current Registered Agent:			
LOWE, SAM 3 SHADY LN MARY ESTHER, FL 32569 US			
The above named entity submits this statement for the purpose of changing its regi	stered office or reg	gistered agent, or both, in	the State of Florida.
SIGNATURE: SAM LOWE			04/02/2018
Electronic Signature of Registered Agent			Date
Officer/Director Detail :			
Title PRESIDENT	Title	TREASURER	
Name LOWE, SAM	Name	OLSON, KENNET	4
Address 3 SHADY LN	Address	5 SHADY LN	

2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N9300001217

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: SAMUEL S LOWE III

City-State-Zip: MARY ESTHER FL 32569

14 SHADY LN

RICHARDSON, WILLIAM

MARY ESTHER FL 32569

VP

Title

Name

Address

City-State-Zip:

Electronic Signature of Signing Officer/Director Detail

PRESIDENT

City-State-Zip: MARY ESTHER FL 32569

04/02/2018

FILED Apr 02, 2018

Date