


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 21, 2004 8:00 am
Secretary of State

04-21-2004 90058 008 ****61.25

DOCUMENT # 730316
 1. Entity Name
SHADY REST PROPERTY OWNERS ASSOCIATION, INC.



Principal Place of Business Mailing Address
 13225 U.S. #1 13225 U.S. #1
 LOT 99 LOT 99
 SEBASTIAN FL 32958 SEBASTIAN FL 32958-0718
 US US

2. Principal Place of Business 3. Mailing Address
13225 US 1 *13225 US 1*
 Suite, Apt. #, etc. Suite, Apt. #, etc.
LOT 58 *LOT 58*
 City & State City & State
Sebastian FL *Sebastian FL*

4. FEI Number **NO-T APPLICABLE** Applied For
 Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required
 Zip Country Zip Country
32958 US 32958 US



MOORE CR2E037 (11/03)

6. Name and Address of Current Registered Agent
GRIFFIN, HAROLD
 13225 U.S. 1
 LOT 99
 SEBASTIAN FL 32958

7. Name and Address of New Registered Agent
 Name JANICE N. MORGAN
 Street Address (P.O. Box Number is Not Acceptable)
13225 U.S. 1 LOT 58
 City Sebastian FL Zip Code 32958

8. 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. I am familiar with, and accept the obligations of registered agent.
 SIGNATURE Janice N. Morgan DATE April 19, 2004
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GRIFFIN, HAROLD 13325 U.S.1- LOT 99 SEBASTIAN FL 32958 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V GLERTYCH, ED 13225 U.S. 1, LOT 33 SEBASTIAN FL 32958 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BAILEY, CAROL 13225 U.S. 1 - LOT 118 SEBASTIAN FL 32958 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T PFLAUM, EILEEN 13225 U.S. 1, LOT 10 SEBASTIAN FL 32958 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ESTES, CLIFF 13225 U.S. 1, LOT A-1 SEBASTIAN FL 32958 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROBSON, BETTY 13225 U.S. 1, LOT 50 SEBASTIAN FL 32958 <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT Gier Tyck, Ed 13225 US 1 LOT 33 SEBASTIAN, FL 32958 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice PRESIDENT Wuillamey, Edw. 13225 US 1 LOT 89 SEBASTIAN, FL 32958 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY Secamiglio, Cathy 13225 US 1 LOT 107 SEBASTIAN, FL 32958 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER MORGAN, JANICE 13225 US 1 LOT 58 SEBASTIAN, FL 32958 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR ROBSON, BETTY 13225 US 1 LOT 50 SEBASTIAN, FL 32958 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR WOJNAREK, JACK 13225 US 1 LOT A-5 SEBASTIAN, FL 32958 <input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Janice N. Morgan DATE 4/19/04 DAYTIME PHONE # 772-589-0141
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR