


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Apr 04, 2006 8:00 am**  
**Secretary of State**

04-04-2006 90142 016 \*\*\*\*61.25

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



Principal Place of Business      Mailing Address  
 13225 US 1  
 LOT 59  
 SEBASTIAN FL 32958  
 US  
 13225 US 1  
 LOT 59  
 SEBASTIAN FL 32958  
 US



2. Principal Place of Business      3. Mailing Address  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

1st MOORE      CR2E037 (10/05)

City & State      City & State  
 Zip      Country      Zip      Country

4. FEI Number      Applied For  
**NO-T APPLICABLE**      Not Applicable

5. Certificate of Status Desired      \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
**MORGAN, JANICE N**  
 13225 US 1  
 LOT 58  
 SEBASTIAN FL 32958

7. Name and Address of New Registered Agent  
 Name  
**Ruth Branks**  
 Number is Not Acceptable)  
**13225 U.S. Hwy 1 lot 59**  
 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering)

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2006**

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 GIERTYCH, ED 13225 US 1, LOT 33 SEBASTIAN FL 32958	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V WUILLAMEY, ED 13225 US 1, LOT 89 SEBASTIAN FL 32958	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SECAMIGLIO, CATHY 13225 US 1, LOT 107 SEBASTIAN FL 32958	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MORGAN, JANICE 13225 US 1, LOT 58 SEBASTIAN FL 32958	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROBSON, BETTY 13225 US, LOT 50 SEBASTIAN FL 32958	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WOJNAREK, JOHN 13225 US 1 LOT A-5 SEBASTIAN FL 32958	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Pres. Ed Wuillamey 13225 U.S.Hwy 1 Lot 89 Sebastian, Fl. 32958	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V.P. Claire Ranahan 13225 U.S.Hwy. 1 Lot A-12 Sebastian, Fl. 32958	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Ruth Branks 13225 U.S, Hwy 1 Lot 59 Sebastian, Fl. 32958	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Tr Margaret Spurlock 13225 U.S, Hwy 1 Lot 4 Sebastian, Fl. 32958	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JOAN Wuillamey 13225 U.S. Hwy. 1 Lot 89 Sebastian, Fl/ 32958	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Wm. Orr 13225 U.S. Hwy 1 Lot 57, SEBASTIAN, FL.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: RUTH M. BRANKS *Ruth M Branks*      772-388-1229  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Daytime Phone #