

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Apr 22, 2008 8:00 am
Secretary of State

04-22-2008 90021 033 ****61.25



DOCUMENT # 730316

1. Entity Name
SHADY REST PROPERTY OWNERS ASSOCIATION, INC.

Principal Place of Business Mailing Address
13225 U.S. HWY ONE
LOT ~~59~~ 89
SEBASTIAN FL 32958
US



2. Principal Place of Business - No P.O. Box #
13225 U.S. Hwy 1
Suite, Apt. #, etc.
Lot 89

3. Mailing Address
13225 U.S. Hwy 1
Suite, Apt. #, etc.
Lot 89

1st MOORE CR2E037 (10/07)

City & State
Sebastian, Fl.

City & State
Sebastian, Fl.

4. FEI Number
NO-T APPLICABLE

Zip Country
32958 Indian River

Zip Country
32958 Indian River

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

6. Name and Address of Current Registered Agent
~~BRANKS, RUTH
13225 US 1
LOT 59
SEBASTIAN FL 32958~~
**Binka, Carol
13225 U.S. Hwy 1
Lot 89
Sebastian, Fl 32958**

7. Name and Address of New Registered Agent
Name **Binka, Carol**
Street Address (P.O. Box Number is Not Acceptable)
**13225 U.S. Hwy 1
Lot 89**
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 **Carol Binka**
Signature, typed or printed name of registered agent and title (if applicable) (NOTE: Registered Agent signature and record when reinstating) DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2008**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **P** Delete
NAME **RANAHAN, CLAIRE**
STREET ADDRESS **13225 U.S. HWY ONE LOT A-12**
CITY-ST-ZIP **SEBASTIAN FL 32958**

Change Addition

TITLE **V** Delete
NAME **SANDERSON, NORMA J**
STREET ADDRESS **13225 U.S. HWY ONE LOT 117**
CITY-ST-ZIP **SEBASTIAN FL 32958**

TITLE **V** Change Addition
NAME **WORTHEN, Gary**
STREET ADDRESS **13225 U.S. Hwy 1 Lot 12**
CITY-ST-ZIP **Sebastian, Fl. 32958**

TITLE **S** Delete
NAME **BRANKS, RUTH**
STREET ADDRESS **13225 U.S. HWY ONE LOT 59**
CITY-ST-ZIP **SEBASTIAN FL 32958**

TITLE **S** Change Addition
NAME **Binka, Carol**
STREET ADDRESS **13225 U.S. Hwy 1 Lot 89**
CITY-ST-ZIP **Sebastian, Fl. 32958**

TITLE **TR** Delete
NAME **SPURLOCK, MARGARET**
STREET ADDRESS **13225 U.S. HWY ONE LOT 4**
CITY-ST-ZIP **SEBASTIAN FL 32958**

TITLE **TR** Change Addition
NAME **Branks, Ruth**
STREET ADDRESS **13225 U.S. Hwy 1 Lot 59**
CITY-ST-ZIP **Sebastian, Fl. 32958**

TITLE **D** Delete
NAME **RUPP, EVELYNN**
STREET ADDRESS **13225 U.S. HWY ONE LOT 38**
CITY-ST-ZIP **SEBASTIAN FL 32958**

Change Addition

TITLE **D** Delete
NAME **BRIGGS, BONNIE**
STREET ADDRESS **13225 U.S. HWY ONE LOT A-8**
CITY-ST-ZIP **SEBASTIAN FL 32958**

TITLE **D** Change Addition
NAME **Larrabee, Ken**
STREET ADDRESS **13225 U.S. Hwy 1 Lot 107**
CITY-ST-ZIP **Sebastian, Fl. 32958**

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: **Carol Binka**

ATTACHMENT

40076668

730316

#10

D.

Bloom, Wayne
13225 U.S. Hwy 1 Lot 20
Sebastian, FL 32958

D

Rochelle, Frank
13225 U.S. Hwy 1 Lot 101
Sebastian, FL 32958

Sergeant at Arms
Orr, Bill

13225 U.S. Hwy 1 Lot 57
Sebastian, FL 32958