

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 735142

FILED
Apr 16, 2008
Secretary of State

Entity Name: SHADY BANKS CIVIC ASSOCIATION, INC.

Current Principal Place of Business:

1700 S.W. 14 CT.
FORT LAUDERDALE, FL 33312

New Principal Place of Business:

Current Mailing Address:

1700 S.W. 14 CT.
FORT LAUDERDALE, FL 33312

New Mailing Address:

FEI Number: 65-0056916 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BUCKLAND, KAY
1462 SW 16 TERR
FORT LAUDERDALE, FL 33312 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: HAGGERTY, BARBARA
Address: 1524 SW 19 AVE
City-St-Zip: FORT LAUDERDALE, FL 33312

Title: SDP () Delete
Name: CLANCY, DAVE
Address: 450 N PARK RD STE 500
City-St-Zip: FT LAUDERDALE, FL 33312

Title: VD () Delete
Name: ISREAL, MARILYN
Address: 450 N PARK RD STE 500
City-St-Zip: HOLLYWOOD, FL 33021

Title: TD () Delete
Name: BUCKLAND, KAY
Address: 1462 SW 16 TERR
City-St-Zip: FORT LAUDERDALE, FL 33312

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: BARBARA HAGGERTY

PD

04/16/2008

Electronic Signature of Signing Officer or Director

_____ Date