

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 735142

FILED  
Mar 24, 2009  
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:**

HAGER, TIM  
1736 SW 14 ST  
FORT LAUDERDALE, FL 33312      US

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: TIM HAGER

03/24/2009

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

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: HAGER, TIM  
Address: 1736 SW 14 ST  
City-St-Zip: FORT LAUDERDALE, FL 33312

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: TIM HAGER

PD

03/24/2009

Electronic Signature of Signing Officer or Director

Date