2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 04, 2009
Secretary of State

DOCUMENT# 741369

Entity Name: SHADY OAKS OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

3651 CASTLE DRIVE
ZEPHYRHILLS, FL 33540 US

New Principal Place of Business:

Current Mailing Address:

3651 CASTLE DRIVE
ZEPHYRHILLS, FL 33540 US

New Mailing Address:

FEI Number: 59-0604315 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

POLIAKOFF, BECKER P.A.
311 PARK PLACE BLVD., SUITE 250
CLEARWATER, FL 33759 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: P ( ) Delete
Name: LACHAPOELLE, AL
Address: 3723 MULLER DR.
City-St-Zip: ZEPHYRHILLS, FL 33540

Title: V ( ) Delete
Name: GLOSS, BOB
Address: 3541 CASTLE DR.
City-St-Zip: ZEPHYRHILLS, FL 33540

Title: S ( ) Delete
Name: LINDNER, SANDY
Address: 38452 STAFFORD DR.
City-St-Zip: ZEPHYRHILLS, FL 33540

Title: T ( ) Delete
Name: HOOPER, SHARON
Address: 38552 STAFFORD DR.
City-St-Zip: ZEPHYRHILLS, FL 33540

Title: D ( ) Delete
Name: GLERUM, JOHN
Address: 3625 MULLER DR.
City-St-Zip: ZEPHYRHILLS, FL 33540

Title: D ( ) Delete
Name: VIRGIL, ADAM S
Address: 38407 STAFFORD DR.
City-St-Zip: ZEPHYRHILLS, FL 33540

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: V (X) Change ( ) Addition
Name: HEAD, RICHARD
Address: 3604 CASTLE DR.
City-St-Zip: ZEPHYRHILLS, FL 33540

Title: S (X) Change ( ) Addition
Name: EGGLESTON, JOYCE
Address: 38441 STAFFORD DR.
City-St-Zip: ZEPHYRHILLS, FL 33540

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: SHARON HOOPER T 02/04/2009

Electronic Signature of Signing Officer or Director — Date