2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 09, 2006 8:00 am
Secretary of State
01-09-2006 90030 044 ****70.00

DOCUMENT # 749369

1. Entity Name
SHADY ACRES HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
19627 BAKERSFIELD DRIVE SPRING HILL, FL 34610	19627 BAKERSFIELD DRIVE SPRING HILL, FL 34610

01052006 Chg-NP CR2E037 (11/05)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number NOT APPLICABLE ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
EVERLING, DAVID 19627 BAKERSFIELD DRIVE SPRING HILL, FL 34610	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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. (CR2E) registered agent's signature required when changed

Filing 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	D WILSON, MARY 19530 BAKERS FIELD DRIVE SPRING HILL, FL 34610	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP	D CANNON, CATHERINE 19250 Fishburne DR SPRING HILL, FL 34610-5470	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	DP DUNLAP, CRAIG 19432 BAKERS FIELD DRIVE SPRING HILL, FL 34610	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP	D P DeSILVIO, PAUL 19344 Fishburne DR SPRING HILL, FL 34610-5484	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	D HOFFACKET, MICHAEL 19331 FISHBURNE DR SPRING HILL, FL 34610	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	T MEHNERT, ED 19543 BAKERSFILED DR SPRING HILL, FL 34610	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP	T SCHATZMAN, Stefanie 15234 Scenio DR SPRING HILL, FL 34610-5402	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	S EVERLING, DAVID 19627 BAKERSFIELD DRIVE SPRING HILL, FL 34610	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	D WOOD, MAVIS 19215 FISHBURNE DR SPRING HILL, FL 34610	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: David M Everling DAVID M EVERLING 1/6/06 352 799 4578
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #