2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2007 8:00 am
Secretary of State
01-16-2007 90208 034 ****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

01042007 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #		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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2007

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 CANNON, CATHERINE 19250 FISHBURNE DRIVE SPRING HILL, FL 346105470	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP DESILVIO, PAUL 19344 FISHBURNE DRIVE SPRING HILL, FL 346105484	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ 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	D HOFFACKER, SUSAN 19331 FISHBURNE DR SPRING HILL, FL 34610	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T SHATAMAN, STEFANIE 15234 SCANIO DRIVE SPRING HILL, FL 346105402	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T SCHATZMAN, Stefanie 15234 Scanio, DR SPRING Hill, FL 34610	☒ 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	D VP HANKEY, Debbie 19135 ANAHEIM DR SPRING HILL FL 34610	☐ 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 1/10/07 352-238-3534
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #