


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2008 8:00 am
Secretary of State

01-22-2008 90074 028 ****70.00

DOCUMENT # 749369 1. Entity Name SHADY ACRES HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business 19627 BAKERSFIELD DRIVE SPRING HILL, FL 34610			Mailing Address 19627 BAKERSFIELD DRIVE SPRING HILL, FL 34610		
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	01052008 Chg-NP CR2E037 (12/06)	
4. FEI Number NOT APPLICABLE				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent EVERLING, DAVID 19627 BAKERSFIELD DRIVE SPRING HILL, FL 34610			7. Name and Address of New Registered Agent 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CANNON, CATHERINE		NAME		
STREET ADDRESS	19250 FISHBURNE DRIVE		STREET ADDRESS		
CITY-ST-ZIP	SPRING HILL, FL 346105470		CITY-ST-ZIP		
TITLE	DP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DESILVIO, PAUL		NAME		
STREET ADDRESS	19344 FISHBURNE DRIVE		STREET ADDRESS		
CITY-ST-ZIP	SPRING HILL, FL 346105484		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HOFACKER, SUSAN		NAME	D HOFACKER, SUSAN	
STREET ADDRESS	19331 FISHBURNE DR		STREET ADDRESS	19331 FISHBURNE DR	
CITY-ST-ZIP	SPRING HILL, FL 34610		CITY-ST-ZIP	SPRING HILL, FL 34610	
TITLE	T	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SHATAMAN, STEPANIE		NAME	T SCHATZMAN, STEPANIE	
STREET ADDRESS	15234 SCANIO DRIVE		STREET ADDRESS	15234 SCANIO DR	
CITY-ST-ZIP	SPRING HILL, FL 346105402		CITY-ST-ZIP	SPRING HILL, FL 34610-5402	
TITLE	S	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	EVERLING, DAVID		NAME		
STREET ADDRESS	19627 BAKERSFIELD DRIVE		STREET ADDRESS		
CITY-ST-ZIP	SPRING HILL, FL 34610		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HANKEY, DEBBIE		NAME		
STREET ADDRESS	19135 ANAHEIM DR		STREET ADDRESS		
CITY-ST-ZIP	SPRING HILL, FL 34610		CITY-ST-ZIP		
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: <i>David M. Everling</i> DAVID M. EVERLING 1/12/08 352 799 4578					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					