2008 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

DOCUMENT #749369

1. Entity Name
SHADY ACRES HOMEOWNERS ASSOCIATION, INC.



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

FILED

Jan 22, 2008 8:00 am Secretary of State

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

Mailing Address

19627 BAKERSFIELD DRIVE SPRING HILL, FL 34610		19627 BAKERSFIELD DRIVE Spring Hill, FL 34610								hiii 61 48 61
2. Principal P	lace of Business - No P.O. Box #	3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.				01052008	Chg-NP	CR2E	037 (12/06)	
City & State		City & State				4. FEI Numbe NOT AP	PLICABLE		1	pplied For
Zip	Country	Country Zip C				5. Certificate of Status Desired \$8.75 Additional Fee Required				
6. Name and Address of Current Registered Agent						7. Name and	Address of Nev	w Registere	d Agent	
EVERLING, DAVID 19627 BAKERSFIELD DRIVE				Name Street Address (P.O. Box Number is Not Acceptable)						
SPRING H	ilLL, FL 34610									
				City				F	L Zip Coc	ie
	named entity submits this statement failures of registered agent.	or the purpose of changing its	registere	d office or	registere	ed agent, or bot	h, in the State of	f Florida. I a	n familiar with	and accept
•	•									
SIGNATURE Signature, typed or printed name of registered agona and late if applicable. (NOTE: Registered Agena signature required when revisitating) DATE										
Filing Fee is \$61.25 Due by May 1, 2008		Election Campaign Final Trust Fund Contribution				40.00 may be			ck payable to urtment of State	
10.	OCCIOCOO AND D									
14.	OFFICERS AND DI	RECTORS	11.		A	ADDITIONS/CH/	NGES TO OFF	ICERS AND	DIRECTORS IN	N 10
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I nereby 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 attactment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGN

DAVID M. EVERLING OFFICER OR DIRECTOR

352 799 4578