


FILE NOW: FILING FEE IS \$61.25

FILED

May 20 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **759965** (7)

1. Corporation Name

**SHADY BEND HOMEOWNERS ASSOCIATION, INC.**



Principal Place of Business

Mailing Address

~~LARRY TUSHAR~~  
~~5929 N.W. 72ND WAY~~  
~~BELL FL 32619~~  
~~US~~

~~JOHN H. HOOLMAN~~  
~~ROUTE 2 BOX 2105~~  
~~BELL FL 32619-0045~~  
~~US~~

3. Date Incorporated or Qualified  
**09/11/1981**

3a. Date of Last Report  
**03/06/1996**

2. Principal Place of Business

2a. Mailing Address

**21 % Bryan D. Harms**

**26 % Bryan D. Harms**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**22 5439 N.W. 72 WAY**

**27 5439 N.W. 72 way**

City & State

City & State

**23 Bell, FL.**

**28 Bell, FL.**

Zip

Country

Zip

Country

**24 32619**

**25 U.S.A.**

**29 32619**

**30 U.S.A.**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

~~TUSHAR, LARRY~~  
~~5929 N.W. 72ND WAY~~  
~~BELL FL 32619~~

81 Name

**Bryan D. Harms**

82 Street Address (P.O. Box Number is Not Acceptable)

83

**5439 N.W. 72 WAY**

84 City

**Bell**

**FL**

85 Zip Code

**32619**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

*Bryan D. Harms*

**5/4/97**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD** ☐ DELETE

NAME **CROOK, TRACY**

STREET ADDRESS **5500 DENVER ST. N.E.**

CITY - ST - ZIP **ST. PETERSBURG FL 33703**

TITLE **VD** ☒ DELETE

NAME **HARMS, BRYAN D**

STREET ADDRESS **951 NORTHWEST TENTH COURT**

CITY - ST - ZIP **MIAMI FL 33136**

TITLE **SD** ☐ DELETE

NAME **CROOK, LAURA**

STREET ADDRESS **5500 DENVER ST. N.E.**

CITY - ST - ZIP **ST. PETERSBURG FL 33703**

TITLE **TD** ☒ DELETE

NAME **TUSHAR, LARRY**

STREET ADDRESS **5629 N.W. 72ND WAY**

CITY - ST - ZIP **BELL FL 32619**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

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14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

*Bryan D. Harms*

**4/13/97 (904) 935-2601**

CR2E037 (9/96)