

SECOND NOTICE: CORPORATION WILL BE DISSOLVED OK OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED

Sep 14 1998 8:00am
Secretary of State

0001799

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Worthington Secretary of State DIVISION OF CORPORATIONS
---	---	--

DOCUMENT # 759965

(7)

1. Corporation Name

SHADY BEND HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business C/O BRYANS D. HARMS 5439 N.W. 72 WAY BELL FL 32619 US		Mailing Address C/O BRYAN D. HARMS 5439 N.W. 72 WAY BELL FL 32619-9645 US		3. Date Incorporated or Qualified 09/11/1981
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Country		4. FEI Number 59-1969294 Applied For Not Applicable
24		25		5. Certificate of Status Desired 8.75 Additional Fee Required
26		27		6. Election Campaign Financing Trust Fund Contribution 5.00 May Be Added to Fees
28		29		7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
30		31		8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

b. Name and Address of Current Registered Agent HARMS, BRYAN D. 5439 N.W. 72 WAY BELL FL 32619		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code	
---	--	--	--

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CROOK, TRACY 5500 DENVER ST. N.E. ST. PETERSBURG FL 33703 <input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	vice-president/secretary Scott J. Pariseau 5210 NW 70 Ter Bell, FL. 32619 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD OIL, FRANK 6191 N.W. 70 TERR. BELL FL <input checked="" type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD CROOK, LAURA 5500 DENVER ST. N.E. ST. PETERSBURG FL 33703 <input checked="" type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD HARMS, BRYAN D. 5439 N.W. 72 WAY BELL FL <input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D John A. Hoolihan 7189 NW 52 St. Bell, FL. 32619 <input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	300002643053 -09/18/98--01039--004 ***61.25 <input type="checkbox"/> Change <input type="checkbox"/> Addition 9.14

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 119.07(3)(l), 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 Bryan D. Harms T/D 8/8/98 935-2601
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (5/98)