2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 07, 2009
Secretary of State

DOCUMENT# 761320

Entity Name: SHADY LAKES HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

1011 SHADY LAKES CIRCLE
PALM BCH GARDENS, FL 33418 US

New Principal Place of Business:

Current Mailing Address:

4521 PGA BLVD
BOX #198
PALM BEACH GARDENS, FL 33418 US

New Mailing Address:

FEI Number: 59-2600643 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BARNES, STEVE
1011 SHADY LAKES CIRCLE
PALM BEACH GARDENS, FL 33418 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	PD	( ) Delete
Name:	JONETHIS, TERRY	
Address:	1019 SHADY LAKES CIR	
City-St-Zip:	PALM BEACH GARDENS, FL 33418	
Title:	VPD	( ) Delete
Name:	SIMON, DAVID	
Address:	3337 PINE HILL TRL.	
City-St-Zip:	PALM BEACH GARDENS, FL 33418	
Title:	TD	( ) Delete
Name:	LOMAS, ALBERT	
Address:	1029 SHADY LAKES CIRCLE	
City-St-Zip:	PALM BEACH GARDENS, FL 33418	
Title:	S	( ) Delete
Name:	STEIN, ERIC	
Address:	2241 QUAIL RIDGE RD	
City-St-Zip:	PALM BEACH GARDENS, FL 33418	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ALBERT LOMAS TRES 02/07/2009

Electronic Signature of Signing Officer or Director — Date