2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 09, 2007
Secretary of State

DOCUMENT# 763904

Entity Name: SHADY COVE PROPERTY OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

5523 SCOTTVIEW LANE
LAKELAND, FL 33813 US

New Principal Place of Business:

Current Mailing Address:

5523 SCOTT VIEW LANE
LAKELAND, FL 33813 US

New Mailing Address:

FEI Number: 59-2834986 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ROUSE, FRANK J ESQ
680 EAST MAIN ST.
BARTOW, FL 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: PT ( ) Delete
Name: WILSON, ALVIN
Address: 5511 SCOTT VIEW LANE
City-St-Zip: LAKELAND, FL 33813

Title: VD ( ) Delete
Name: FELLNER, THOMAS
Address: 5471 SCOTT VIEW LANE
City-St-Zip: LAKELAND, FL 33813

Title: SD ( ) Delete
Name: ROTH, NANCY
Address: 5519 SCOTTVIEW LN
City-St-Zip: LAKELAND, FL 33813

Title: TD ( ) Delete
Name: LIGUORI, CHRISTINE
Address: 5523 SCOTT VIEW LANE
City-St-Zip: LAKELAND, FL 33813

Title: PD ( ) Delete
Name: DON, WHITMAN
Address: 5455 SCOTTVIEW LANE
City-St-Zip: LAKELAND, FL 33813

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VD (X) Change ( ) Addition
Name: WILSON, ALVIN
Address: 5511 SCOTT VIEW LANE
City-St-Zip: LAKELAND, FL 33813

Title: PT (X) Change ( ) Addition
Name: FELLNER, THOMAS
Address: 5471 SCOTT VIEW LANE
City-St-Zip: LAKELAND, FL 33813

Title: SD (X) Change ( ) Addition
Name: ROTH, ART
Address: 5519 SCOTTVIEW LN
City-St-Zip: LAKELAND, FL 33813

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 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: CHRISTINE LIGUORI TD 01/09/2007
Electronic Signature of Signing Officer or Director — Date