

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 MAR 22 PM 3:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # J07626

(1)

1. Corporation Name

SHADY LANE VILLAGE HOME OWNERS ASSOCIATION, INC.

Principal Place of Business

15666 49TH STREET NORTH
LOT #1006
CLEARWATER FL 34622
US

Mailing Address

15666 49TH STREET, NORTH
LOT #1006
CLEARWATER FL 34622
US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

04/04/1986

3a. Date of Last Report

03/22/1994

4. FEI Number

59-2661068

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

21 15666 49TH ST. NORTH

2a. Mailing Address

26 Suite, Apt. #, etc.

22 Lot 1006

27 Suite, Apt. #, etc.

23 City & State

23 CLEARWATER, FL.

28 City & State

28

24 Zip

24 34622

Country

25

Zip

29

Country

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FORD, EDWIN I.
2310 WEST BAY DRIVE
LARGO FL 33540

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

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 P
NAME FRISINA, JOSEPH R.
STREET ADDRESS 1566 49T STREET, NORTH, LOT #1078
CITY-ST-ZIP CLEARWATER FL

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE VP
NAME DONBERGER, WILLIAM
STREET ADDRESS 15666 49TH ST. NORTH, LOT 1044
CITY-ST-ZIP CLEARWATER FL

2.1 TITLE VP ☒ Change ☐ Addition
2.2 NAME DI PANNI, EDWARD
2.3 STREET ADDRESS 15666 49TH ST. N. LOT 1075
2.4 CITY-ST-ZIP CLEARWATER, FL.

TITLE S
NAME BRANCATO, FRANCES
STREET ADDRESS 15666 49TH ST. NORTH, LOT 1081
CITY-ST-ZIP CLEARWATER FL

3.1 TITLE ☒ Change ☐ Addition
3.2 NAME WILSON, LILLIAN
3.3 STREET ADDRESS 15666 49TH ST. NORTH, LOT 1013
3.4 CITY-ST-ZIP CLEARWATER FL

TITLE T
NAME GREENFIELD, DANIEL J.
STREET ADDRESS 15666 49TH STREET, NORTH, LOT #1104
CITY-ST-ZIP CLEARWATER FL

4.1 TITLE ☒ Change ☐ Addition
4.2 NAME ANDERSON, CHARLES
4.3 STREET ADDRESS 15666 49TH ST., NORTH, LOT 1006
4.4 CITY-ST-ZIP CLEARWATER FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Charles J. Anderson*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
CHARLES J. ANDERSON TREAS.

March 15, 1995 813-530-7466
Date Daytime Phone