2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 30, 2003 8:00 am
Secretary of State
05-21-2003 90081 006 ****61.25

DOCUMENT # N01000005470

1. Entity Name
SHADY OAK VILLAS HOMEOWNER'S ASSOCIATION, INC.

55052758

Principal Place of Business	Mailing Address
1582 GULF BLVD. UNIT #1304 CLEARWATER FL 33767	1582 GULF BLVD. UNIT #1304 CLEARWATER FL 33767

☒ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-3735687 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
HOUVARDAS, TRIFON 1582 GULF BLVD, UNIT #1304 CLEARWATER FL 33767	Name: ~~Kevin~~ Jimmy L. Miller Street Address (P.O. Box Number is Not Acceptable): 1905 Tripaul Ct. City: Bartow FL Zip Code: 33830

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: Jimmy L Miller 05-01-03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HOUVARDAS, TRIFON 1582 GULF BLVD, UNIT #1304 CLEARWATER FL 33767	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Vice President Kevin Howard 1925 Tripaul Ct Bartow, FL ~~33830~~ 33830	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HOUVARDAS, PAUL 1582 GULF BLVD, UNIT #1304 CLEARWATER FL 33767	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Secretary/Treasurer Debra King 1935 Tripaul Ct Bartow, FL ~~33830~~ 33830	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HOUVARDAS, ANTHONY 2516 TRAVELERS PALM CIRCLE EDGEWATER FL 32141	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~Treasurer~~ President Jimmy Miller 1905 Tripaul Ct Bartow, FL 33830	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (10/02)

12. I 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED 05-01-03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #