


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2007 8:00 am
Secretary of State

01-22-2007 90086 032 ****61.25

DOCUMENT # N01000006392 1. Entity Name SHADY ACRES HOMEOWNERS ASSOCIATION OF NEW SMYRNA BEACH, INC.					
Principal Place of Business SHADY ACRES HOA 1800 C ENTERPRISES AVE. NEW SMYRNA BEACH, FL 32168			Mailing Address SHADY ACRES HOA 1808 ENTERPRISE AVE NEW SMYRNA BEACH, FL 32168		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address SHADY ACRES HOA			
Suite, Apt. #, etc.		Suite, Apt. #, etc. 1800-C ENTERPRISE AVE.			
City & State		City & State NEW SMYRNA BEACH, FL			
Zip	Country	Zip	Country	4. FEI Number 59-2939415	
32168		FL		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent NORRIS, JOHN H. 1818 B ENTERPRISE NEW SMYRNA BEACH, FL 32168				7. Name and Address of New Registered Agent Name LOOMIS, STACEY Street Address (P.O. Box Number is Not Acceptable) 1818-A ENTERPRISE AVE. City NEW SMYRNA BEACH FL Zip Code 32168	
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 <u><i>Stacey Loomis</i></u> Stacey Loomis, President 01/15/2007 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 NORRIS, JOHN 1818 B ENTERPRISE AVE NEW SMYRNA BEACH, FL 32168	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D LOOMIS, STACEY 1818-A ENTERPRISE AVE. NEW SMYRNA BEACH, FL 32168
				<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ALBIN, SHARON 1812 B ENTERPRISE AVE NEW SMYRNA BEACH, FL 32168	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/D ALBIN, SHARON 1812-B ENTERPRISE AVE. NEW SMYRNA BEACH, FL 32168
				<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GREEN, DEBI 1812-A ENTERPRISE AVE NEW SMYRNA BEACH, FL 32168	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/T/D GREEN, DEBI 1812-A ENTERPRISE AVE. NEW SMYRNA BEACH, FL 32168
				<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <u><i>Stacey Loomis</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			01/15/2007 (386) 427-2098 <small>Date Daytime Phone #</small>		