
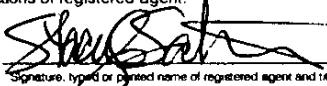



2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 04, 2008 8:00 am
Secretary of State

02-04-2008 90062 020 ****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 ENTERPRISE AVE. NEW SMYRNA BEACH, FL 32168			Mailing Address SHADY ACRES HOA 1800-C ENTERPRISE AVE. NEW SMYRNA BEACH, FL 32168		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-2939415	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
NORRIS, JOHN H. 1818-A ENTERPRISE NEW SMYRNA BEACH, FL 32168			Name SATHER, STACEY		
			Street Address (P.O. Box Number is Not Acceptable)		
			1800-B ENTERPRISE AVE.		
			City NEW SMYRNA BEACH		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 			Stacey Sather, President		01/30/2008
Filing Fee is \$61.25 Due by May 1, 2008			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	SD ALBIN, SHARON 1812 B ENTERPRISE AVE NEW SMYRNA BEACH, FL 32168	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD JONES, DIANNE 619 MIDDLEBURY LOOP NEW SMYRNA BEACH, FL 32168	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD GREEN, DEBI 1812-A ENTERPRISE AVE NEW SMYRNA BEACH, FL 32168	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HALLETT, PEGGY 1804-A ENTERPRISE AVE. NEW SMYRNA BEACH, FL 32168	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LOOMIS, STACEY 1818-A ENTERPRISE AVE NEW SMYRNA BEACH, FL 32168	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SATHER, STACEY 1800-B 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	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD GSCHOSSMANN, CHRISTA 1808-B ENTERPRISE AVE. NEW SMYRNA BEACH, FL 32168	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<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: 			Stacey Sather, President		01/30/2008 (386) 689-0139
SIGNATURE (AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)			Date		Daytime Phone #