2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 01, 2004
Secretary of State

DOCUMENT# N02000000331

Entity Name: SHADY STABLES HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

3007 RIPPLEWOOD DRIVE
SEFFNER, FL 335846030

New Principal Place of Business:

Current Mailing Address:

3007 RIPPLEWOOD DRIVE
SEFFNER, FL 335846030

New Mailing Address:

FEI Number: 80-0038798 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FICKEN, BRENDA M
3007 RIPPLEWOOD DRIVE
SEFFNER, FL 335846030

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: PSTD ( ) Delete
Name: FICKEN, BRENDA M
Address: 3007 RIPPLEWOOD DRIVE
City-St-Zip: SEFFNER, FL 335846030

Title: VPD ( ) Delete
Name: BENSLEY, ROGER
Address: 4531 PIPPEN RD.
City-St-Zip: PLANT CITY, FL 33567

Title: STD ( ) Delete
Name: GENTZ, DALE
Address: 4010 GALLAGHER RD.
City-St-Zip: DOVER, FL 33527

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: VPD (X) Change ( ) Addition
Name: MATZ, MARY
Address: 17702 ESPIRIT DR
City-St-Zip: TAMPA, FL 33647

Title: STD (X) Change ( ) Addition
Name: SMITH, NANCY
Address: 1222 VINEWOOD DR
City-St-Zip: SEFFNER, FL 33584

I hereby certify that the information supplied with this filing does not qualify for the 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 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: BRENDA M FICKEN PSTD 07/01/2004

Electronic Signature of Signing Officer or Director — Date