

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000000331

FILED  
Mar 09, 2006  
Secretary of State

**Entity Name:** SHADY STABLES HOMEOWNERS' ASSOCIATION, INC.

**Current Principal Place of Business:**

3007 RIPPLEWOOD DRIVE  
SEFFNER, FL 335846030

**New Principal Place of Business:**

3410 PASO FINO LANE  
DOVER, FL 33527

**Current Mailing Address:**

3007 RIPPLEWOOD DRIVE  
SEFFNER, FL 335846030

**New Mailing Address:**

3410 PASO FINO LANE  
DOVER, FL 33527

**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 US

**Name and Address of New Registered Agent:**

STREUR, LARRY  
3410 PASO FINO LANE  
DOVER, FL 33527 US

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: LARRY STREUR

03/09/2006

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: MATZ, MARY  
Address: 17702 ESPIRIT DR  
City-St-Zip: TAMPA, FL 33647

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

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PSTD (X) Change ( ) Addition  
Name: STREUR, LARRY  
Address: 3410 PASO FINO LANE  
City-St-Zip: DOVER, FL 33527

Title: VPD (X) Change ( ) Addition  
Name: BEASLEY, ROGER  
Address: 3418 PASO FINO LANE  
City-St-Zip: DOVER, FL 33527

Title: STD (X) Change ( ) Addition  
Name: STREUR, CINDY  
Address: 3410 PASO FINO LANE  
City-St-Zip: DOVER, FL 33527

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: LARRY STREUR

PSTD

03/09/2006

Electronic Signature of Signing Officer or Director

Date