

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 22, 2006 8:00 am
Secretary of State

03-22-2006 90010 007 ****61.25

DOCUMENT # N03000002526

1. Entity Name

SHADY OAKS OF ARCADIA OWNERS ASSOCIATION, INC



Principal Place of Business

**5792 NE CUBITIS AVENUE
LOT C-7
ARCADIA FL 34266**

Mailing Address

**5792 NE CUBITIS AVENUE
LOT C-7
ARCADIA FL 34266**



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

57-1158017

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

1st MOORE

CR2E037 (10/05)

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**O'LEARY, JAMES M
2210 NE DANIEL ST
ARCADIA FL 34266**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

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
Due By May 1, 2006**

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 ☒ Delete
NAME **P KOON, RICHARD E**
STREET ADDRESS **5792 N.E. HWY 17 A2**
CITY-ST-ZIP **ARCADIA FL 34266**

TITLE ☒ Change ☐ Addition
NAME **P DAYLENE MULLINS**
STREET ADDRESS **5792 NE CUBITIS AVE B1**
CITY-ST-ZIP **ARCADIA FL 34266**

TITLE ☒ Delete
NAME **VP PERISI, CHLOE**
STREET ADDRESS **5792 N.E. HWY 17 B3**
CITY-ST-ZIP **ARCADIA FL 34266**

TITLE ☒ Change ☐ Addition
NAME **VP**
STREET ADDRESS **302 FORTNER**
CITY-ST-ZIP **5792 NE CUBITIS AVE B2**
ARCADIA FL 34266

TITLE ☒ Delete
NAME **S HINSCHBERGER, GEORGETTE**
STREET ADDRESS **5792 NE CUBITIS AVENUE**
CITY-ST-ZIP **ARCADIA FL 34266**

TITLE ☒ Change ☐ Addition
NAME **S CAROL KOON**
STREET ADDRESS **5792 NE CUBITIS AVE A6**
CITY-ST-ZIP **ARCADIA FL 34266**

TITLE ☐ Delete
NAME **T SUSNIK, MARION**
STREET ADDRESS **5792 NE CUBITIS AVENUE**
CITY-ST-ZIP **ARCADIA FL 34266**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Marion Susnik* **MARION SUSNIK 3-8-06 863-494-9289**