# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Mar 13, 2007**
**Secretary of State**

DOCUMENT# N03000002526

**Entity Name:** SHADY OAKS OF ARCADIA OWNERS ASSOCIATION, INC

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**Current Mailing Address:**

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

**New Mailing Address:**

**FEI Number: 57-1158017** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

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

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

**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: P ( ) Delete
Name: MULLINS, DARLENE
Address: 5792 NE CUBITIS AVE., B1
City-St-Zip: ARCADIA, FL 34266

Title: VP ( ) Delete
Name: FORTNER, JOE
Address: 5792 NE CUBITIS AVE., B2
City-St-Zip: ARCADIA, FL 34266

Title: S ( ) Delete
Name: KOEN, CAROL
Address: 5792 NE CUBITIS AVE., A6
City-St-Zip: ARCADIA, FL 34266

Title: T ( ) Delete
Name: SUSNIK, MARION
Address: 5792 NE CUBITIS AVENUE
City-St-Zip: ARCADIA, FL 34266

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

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

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

Title: S (X) Change ( ) Addition
Name: KOON, CAROL
Address: 5792 NE CUBITIS AVE., A6
City-St-Zip: ARCADIA, FL 34266

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

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: JOE FORTNER VP 03/13/2007

Electronic Signature of Signing Officer or Director — Date