

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 07, 2008 8:00 am**  
**Secretary of State**

03-07-2008 90039 047 \*\*\*\*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 - No P.O. Box #

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 (10/07)

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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, 2008**

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

TITLE NAME ☐ Delete  
P MULLINS, DARLENE  
STREET ADDRESS 5792 NE CUBITIS AVE., B1  
CITY-ST-ZIP ARCADIA FL 34266

TITLE NAME ☐ Delete  
VP FORTNER, JOE  
STREET ADDRESS 5792 NE CUBITIS AVE., B2  
CITY-ST-ZIP ARCADIA FL 34266

TITLE NAME ☒ Delete  
S KOON, CAROL  
STREET ADDRESS 5792 NE CUBITIS AVE., A6  
CITY-ST-ZIP ARCADIA FL 34266

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

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE NAME ☒ Change ☐ Addition  
James M O'Leary  
STREET ADDRESS 2210 NE DANIELS ST  
CITY-ST-ZIP ARCADIA FL 34266

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

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

TITLE NAME ☐ Change ☐ Addition  
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*

3-27-08

863.494.9289