

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000008916

FILED  
Mar 30, 2010  
Secretary of State

**Entity Name:** SHADY CREEK PRESERVE HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

2002 N. LOIS AVENUE  
SUITE 507  
TAMPA, FL 33607

**New Principal Place of Business:**

**Current Mailing Address:**

2002 N. LOIS AVENUE  
SUITE 507  
TAMPA, FL 33607

**New Mailing Address:**

**FEI Number:** 30-0380414

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

COMMUNITY ASSOCIATION MANAGEMENT SERVICES  
2002 N. LOIS AVE., SUITE 507  
TAMPA, FL 33607 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  
Name: DIAZ, BILL  
Address: 2002 N. LOIS AVENUE, SUITE 507  
City-St-Zip: TAMPA, FL 33607

Title: VP  
Name: ROSA, LUIS  
Address: 2002 N. LOIS AVENUE, SUITE 507  
City-St-Zip: TAMPA, FL 33607

Title: S  
Name: ADAMS, MELANIE  
Address: 2002 N. LOIS AVENUE, SUITE 507  
City-St-Zip: TAMPA, FL 33607

Title: T  
Name: KINSEY, SEAN  
Address: 2002 N. LOIS AVENUE, SUITE 507  
City-St-Zip: TAMPA, FL 33607

Title: D  
Name: INMAN, RICH  
Address: 2002 N. LOIS AVENUE, SUITE 507  
City-St-Zip: TAMPA, FL 33607

I hereby 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 all other like empowered.

SIGNATURE: BRIAN K. LAMB

CEO

03/30/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date