

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 09, 2006 8:00 am
Secretary of State

02-09-2006 90026 020 ****61.25

DOCUMENT # N07593 1. Entity Name SHADY REST MOBILE HOME OWNERS, INCORPORATED					
Principal Place of Business 5240 MASSACHUSETTS STREET ZEPHYRHILLS, FL 33542 US			Mailing Address 5240 MASSACHUSETTS STREET ZEPHYRHILLS, FL 33542 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	01202006 Chg-NP CR2E037 (11/05)	
4. FEI Number 59-2675524				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SHARTLE, EVELYN 5240 MASSACHUSETTS STREET ZEPHYRHILLS, FL 33541			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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 NAME STREET ADDRESS CITY-ST-ZIP	P BEYMER, DICK 37837 LAGOON COURT ZEPHYRHILLS, FL 33542 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BRACKETT, ALLEN 5300 SCOTIA STREET ZEPHYRHILLS, FL 33542 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SNYDER, THOMAS 5147 JENNIFER LANE ZEPHYRHILLS, FL 33542 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP VAN BRUNT, MARGARET 5234 MASSACHUSETTS STREET ZEPHYRHILLS, FL 33542 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BEYMER, MARGARET 37837 LAGOON COURT ZEPHYRHILLS, FL 33542 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S FRANCE, RAYALDA 5237 VINEYARD STREET ZEPHYRHILLS, FL 33542 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SHARTLE, EVELYN 5240 MASSACHUSETTS STREET ZEPHYRHILLS, FL 33542 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SHARTLE, EVELYN 5240 MASSACHUSETTS STREET ZEPHYRHILLS, FL 33542 <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRACKETT, ALLEN 5300 SCOTIA STREET ZEPHYRHILLS, FL 33542 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BISHOP, ROBERT 37830 8th AVENUE ZEPHYRHILLS, FL 33542 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COLVIN, LOUISE 5236 BRUNSWICK STREET ZEPHYRHILLS, FL 33542 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROGERS, SUSAN 5302 BRUNSWICK STREET ZEPHYRHILLS, FL 33542 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <i>Evelyn L. Shartle, LT</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<i>02-04-06 (813) 782-7784</i> <small>Date Daytime Phone #</small>			

ATTACHMENT

40011107

59-2675524

D

STAMPP, ARLOINE
5234 VINEYARD STREET
ZEPHYRHILLS, FL 33542

D

STAMPP, ARLOINE
5234 VINEYARD STREET
ZEPHYRHILLS, FL 33542

Evelyn L. Shartle
EVELYN L. SHARTLE

DATE

02-04-06

PHONE

(813) 782-7784