## **2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

## **DOCUMENT # N07593**



**FILED** Feb 08, 2007 8:00 am Secretary of State

1. Entity Name SHADY REST MOBILE HOME OWNERS, INCORPORATED								02-08-2	90036 0	01 ****(	51.25
5240 MASSACHUSETTS STREET 524			5240	ling Address 40 Massachusetts Street Phyrhills, FL 33542 US						ı sil sisi sisi	iā: āi 280:
2. Principal Place of Business - No P.O. Box # 3. Mailing Address											
Suite, Apt. #, etc. S			Suite	Suite, Apt. #, etc.			01082007	Chg-NP	CR2E037	(12/06)	
City & State			City	City & State			4. FEI Number 59-2675524				olied For Applicable
Zip	Zip Country		Zip	<u></u>			5. Certificate of Status Desired			Fee Required	
6. Name and Address of Current Registered Agent							7. Name and	Address of Ne	w Registered Ag	ent	
SHARTLE, EVELYN 5240 MASSACHUSETTS STREET ZEPHYRHILLS, FL 33541						Name Street Address (P.O. Box Number is Not Acceptable)					
					ļ						
					City				FL	Zip Code	
	named entit tions of regist	y submits this statement fo tered agent.	or the purpo:	se of changing its re	egistered office o	r register	ed agent, or bot	th, in the State o	f Florida. Iam far	miliar with, a	and accept
SIGNATURE		<del> </del>									
	Signature, typed	i or printed name of registered agent	ано пре и аррес	able. (NOTE: F	Registered Agent signal	şma ladhaaq	when renstating)		DATE		
	Filing Fe	ne is \$61.25 May 1, 2007	and their appec	9. Election Camp Trust Fund Co	paign Financing		\$5.00 May 8 Added to Fees	le F	Make check   Florida Departn		
10.	Filing Fe	e is \$61.25		9. Election Camp	paign Financing		\$5.00 May B Added to Fees	ANGES TO OFF	Make check   Florida Departin	CTORS IN	ite
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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:

SIGNATURE:

Descriptions of the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on 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:

Descriptions of the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on 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:

Description of the exemption of the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 1

ATTACHMENT

59-2675524

STAMPP, ARLOINE 5234 VINEYARD STREET 5221 SHADY REST LANE ZEPHYRHILLS, FL 33542 ZEPHYRHILLS, FL 33542

D CURRIER, JACQUELINE

Evelow L. Shartle EVELYN L. SHARTLE

DATE 02-02-07

PHONE (813) 782-7784