2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07593

FILED Feb 20, 2009 Secretary of State

Entity Name: SHADY REST MOBILE HOME OWNERS, INCORPORATED

Current Principal Place of Business: New Principal Place of Business: 5240 MASSACHUSETTS STREET ZEPHYRHILLS, FL 33542 **Current Mailing Address: New Mailing Address:** 5240 MASSACHUSETTS STREET ZEPHYRHILLS, FL 33542 FEI Number: 59-2675524 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: SHARTLE, EVELYN SHARTLE, EVELYN 5240 MASSACHUSETTS STREET 5240 MASSACHUSETTS STREET ZEPHYRHILLS, FL 33541 ZEPHYRHILLS, FL 33542 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: 02/20/2009 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition LARGIN, HENRY Name: Name: 37838 LAGOON COURT Address: Address: City-St-Zip: ZEPHYRHILLS, FL 33542 City-St-Zip: Title: () Delete Title: () Change () Addition CURRIER, JACQUELINE Name: Name: Address: 5221 SHADY REST LANE Address: City-St-Zip: ZEPHYRHILLS, FL 33542 City-St-Zip: Title: () Delete Title: () Change () Addition FRANCE, RAYALDA Name: Name: 5237 VINEYARD ST Address: Address: City-St-Zip: ZEPHYRHILLS, FL 33542 City-St-Zip: Title: () Delete Title: () Change () Addition Name: SHARTLE, EVELYN Name: 5240 MASSACHUSETTS STREET Address: Address: City-St-Zip: ZEPHYRHILLS, FL 33542 City-St-Zip: Title: () Delete Title: (X) Change () Addition THOMAS, BENNIS MC DONALD, MARION Name: Name: 5253 VINEYARD STREET 37830 8TH AVENUE Address: Address: City-St-Zip: ZEPHYRHILLS, FL 33542 City-St-Zip: ZEPHYRHILLS, FL 33542 Title: () Delete Title: (X) Change () Addition THOMAS, LEO LEO. THOMAS Name: Name: Address: 37833 LAGOON COURT Address: 37833 LAGOON COURT ZEPHYRHILLS, FL 33542 ZEPHYRHILLS, FL 33542 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: EVELYN L SHARTLE T 02/20/2009