


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 13, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N15426</b> 1. Entity Name <b>THE SHELLEY GLEN HOMEOWNER'S ASSOCIATION OF TAL LAHASSEE, INC.</b>	
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Principal Place of Business <b>423 WILLIAMS TALLAHASSEE, FL 32303</b>	Mailing Address <b>423 WILLIAMS ST. TALLAHASSEE, FL 32303</b>
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DO NOT WRITE IN THIS SPACE



07042008 No Chg-NP CR2E037 (4/06)

4. FEI Number <b>NOT APPLICABLE</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent

**JOHNSON, LESLIE**  
**423 WILLIAMS ST.**  
**TALLAHASSEE, FL 32303**

DO NOT WRITE IN THIS SPACE

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25  
 Due by September 12, 2008

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JOHNSON, LESLIE 423 WILLIAM STREET TALLAHASSEE, FL 32303
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GARDNER, ARCHIE 417-A WILLIAMS ST. TALLAHASSEE, FL 32303
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BELITZKY, JOE 2691 NANTUCKET LANE TALLAHASSEE, FL 32309
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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U00000957612  
 08/13/08-80002-009 61.25

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: Leslie Johnson 8-1-08  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date

Daytime Phone #