2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2009
Secretary of State

DOCUMENT# N15426

Entity Name: THE SHELLEY GLEN HOMEOWNER'S ASSOCIATION OF TAL LAHASSEE, INC.

Current Principal Place of Business:	**New Principal Place of Business:**
423 WILLIAMS TALLAHASSEE, FL 32303	

Current Mailing Address:	**New Mailing Address:**
423 WILLIAMS ST. TALLAHASSEE, FL 32303	

FEI Number: **FEI Number Applied For ( )**   **FEI Number Not Applicable (X)**   **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:	**Name and Address of New Registered Agent:**
JOHNSON, LESLIE 423 WILLIAMS ST. TALLAHASSEE, FL 32303 US	

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:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D ( ) Delete Name: JOHNSON, LESLIE Address: 423 WILLIAM STREET City-St-Zip: TALLAHASSEE, FL 32303	Title: ( ) Change ( ) Addition Name: Address: City-St-Zip:
Title: D ( ) Delete Name: GARDNER, ARCHIE Address: 417-A WILLIAMS ST. City-St-Zip: TALLAHASSEE, FL 32303	Title: ( ) Change ( ) Addition Name: Address: City-St-Zip:
Title: D ( ) Delete Name: BELITZKY, JOE Address: 2691 NANTUCKET LANE City-St-Zip: TALLAHASSEE, FL 32309	Title: D (X) Change ( ) Addition Name: BROOKS, MICHELLE Address: 417-B WILLIAMS STREET City-St-Zip: TALLAHASSEE, FL 32303

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: LESLIE JOHNSON   D   04/29/2009

Electronic Signature of Signing Officer or Director   Date