

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N15426

**FILED**  
**May 27, 2010**  
**Secretary of State**

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

**Current Principal Place of Business:**

423 WILLIAMS  
TALLAHASSEE, FL 32303

**New Principal Place of Business:**

**Current Mailing Address:**

423 WILLIAMS ST.  
TALLAHASSEE, FL 32303

**New Mailing Address:**

**FEI Number:**

**FEI Number Applied For ( )**

**FEI Number Not Applicable (X)**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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:**

Title: D  
Name: JOHNSON, LESLIE  
Address: 423 WILLIAM STREET  
City-St-Zip: TALLAHASSEE, FL 32303

Title: D  
Name: GARDNER, ARCHIE  
Address: 417-A WILLIAMS ST.  
City-St-Zip: TALLAHASSEE, FL 32303

Title: D  
Name: BROOKS, MICHELLE  
Address: 417-B WILLIAMS STREET  
City-St-Zip: TALLAHASSEE, FL 32303

I hereby 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 all other like empowered.

SIGNATURE: LESLIE JOHNSON

MGR

05/27/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date