

FILE NOW: FILING FEE IS \$61.25

FILED  
May 11 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N27862 (4)**  
1. Corporation Name  
**SHADY HAMMOCK PROPERTY OWNERS' ASSOCIATION, INC.**



Principal Place of Business <b>4018 SHADY VIEW DR MULBERRY FL 33860</b>	Mailing Address <b>4018 SHADY VIEW DR MULBERRY FL 33860</b>
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2. Principal Place of Business <b>21 5018 Greenbrook Ln</b> Suite, Apt. #, etc.	2a. Mailing Address <b>26 P.O. Box 5284</b> Suite, Apt. #, etc.
City & State <b>23 Lakeland, FL</b>	City & State <b>27 Lakeland, FL</b>
Zip <b>24 33811</b>	Country <b>25 Polk</b>
Zip <b>28 33807-5284</b>	Country <b>30 Polk</b>

3. Date Incorporated or Qualified <b>08/12/1988</b>
4. FEI Number <b>59-2904335</b>
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent <b>HORNSBY, GLORIA 4018 SHADY VIEW DRIVE LOT 81 LOT 12 MULBERRY FL 33860</b>
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10. Name and Address of New Registered Agent <b>81 Name Kay Elliott 82 Street Address (P.O. Box Number is Not Acceptable) 5018 Greenbrook Ln 83 84 City Lakeland FL 85 Zip Code 33811</b>
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11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept, the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE *Kay Elliott* **Kay Elliott** 4/28/98  
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing) DATE

12. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HORSBY, GLORIA 4018 SHADY VIEW DR MULBERRY FL <input checked="" type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V WISE, LESLIE 4025 HAMMOCK PLACE MULBERRY FL <input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD BRYSON, JOSEPHINE 4023 SHAY VIEW DR MULBERRY FL <input checked="" type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MABRY, AGNES 4108 SHADY HAMMOCK DR MULBERRY FL <input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JOHNSON, WILLIS 4026 SHADY VIEW DR MULBERRY FL <input checked="" type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	P - D Leslie Wise 4025 Hammock PL Mulberry, FL 33860 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	S - D Sharon Daggett 4104 Shady Hammock Dr. Mulberry, FL 33860 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	T - D Agnes Mabry 4108 Shady Hammock Dr. Mulberry, FL 33860 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Leslie Wise* **Leslie Wise** 4/28/98 941-425-0149

CR2E037 (10/97)