FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 APR 26 AM 11:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N31548 (3)

1. Corporation Name
SHADY BROOKE PROPERTY OWNERS' ASSOCIATION, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
208 WEST ALAMO DRIVE LAKELAND FL 33813 US	P. O. BOX 5400 LAKELAND FL 33807-5400 US

3. Date Incorporated or Qualified: 04/06/1989
3a. Date of Last Report: 02/07/1994
4. FEI Number: 59-2942813 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

~~KEYSER, CHARLES R.~~
~~208 WEST ALAMO DRIVE~~
~~LAKELAND FL 33813~~

10. Name and Address of New Registered Agent

81 Name: Barnie Lee Esposito
82 Street Address (P.O. Box Number is Not Acceptable): 208 West Alamo Drive
83
84 City: Lakeland FL 85 Zip Code: 33813

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: Barnie Lee Esposito — Barnie Lee Esposito, Treasurer — 4/21/95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE	PD	☒ Change ☐ Addition
NAME	REED, LOIS	1.2 NAME	Rose Marie Overstreet	
STREET ADDRESS	3554 SHADY BROOKE CT	1.3 STREET ADDRESS	3504 Shady Brooke Court	
CITY-ST-ZIP	MULBERRY FL	1.4 CITY-ST-ZIP	Mulberry, FL 33860	
TITLE	VD	2.1 TITLE	VPD	☒ Change ☐ Addition
NAME	HOWARD, BEULAH	2.2 NAME	Norma A. Reyes	
STREET ADDRESS	3475 SHADY BROOKE DRIVE	2.3 STREET ADDRESS	3447 Shady Brooke Drive	
CITY-ST-ZIP	MULBERRY FL	2.4 CITY-ST-ZIP	Mulberry, FL 33860	
TITLE	STD	3.1 TITLE	SD	☒ Change ☐ Addition
NAME	KEYSER, CHARLES R.	3.2 NAME	Deborah J. Weicht	
STREET ADDRESS	208 WEST ALAMO DRIVE	3.3 STREET ADDRESS	208 West Alamo Drive	
CITY-ST-ZIP	LAKELAND FL	3.4 CITY-ST-ZIP	Lakeland, FL 33813	
TITLE		4.1 TITLE	TD	☐ Change ☒ Addition
NAME		4.2 NAME	Barnie Lee Esposito	
STREET ADDRESS		4.3 STREET ADDRESS	208 West Alamo Drive	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Lakeland, FL 33813	
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: Barnie Lee Esposito — 4/21/95 — (813) 647-5554
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Barnie Lee Esposito, T