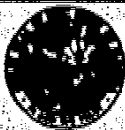


FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
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
**208 WEST ALAMO DRIVE
LAKELAND FL 33813
US**

Mailing Address
**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

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. 189.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip
24 Country

2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip
29 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

81 Name
Barnie Lee Esposito

82 Street Address (P.O. Box Number is Not Acceptable)
208 West Alamo Drive

83

84 City
Lakeland

85 Zip Code
FL 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 if not applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PO**
NAME **REED, LOIS**
STREET ADDRESS **3554 SHADY BROOKE CT**
CITY-ST-ZIP **MULBERRY FL**

TITLE **VD**
NAME **HOWARD, BEULAH**
STREET ADDRESS **3475 SHADY BROOKE DRIVE**
CITY-ST-ZIP **MULBERRY FL**

TITLE **STD**
NAME **KEYSER, CHARLES R.**
STREET ADDRESS **208 WEST ALAMO DRIVE**
CITY-ST-ZIP **LAKELAND FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE **PD** ☒ Change ☐ Addition
1.2 NAME **Rose Marie Overstreet**
1.3 STREET ADDRESS **3504 Shady Brooke Court**
1.4 CITY-ST-ZIP **Mulberry, FL 33860**

2.1 TITLE **VPD** ☒ Change ☐ Addition
2.2 NAME **Norma A. Reyes**
2.3 STREET ADDRESS **3447 Shady Brooke Drive**
2.4 CITY-ST-ZIP **Mulberry, FL 33860**

3.1 TITLE **SD** ☒ Change ☐ Addition
3.2 NAME **Deborah J. Weicht**
3.3 STREET ADDRESS **208 West Alamo Drive**
3.4 CITY-ST-ZIP **Lakeland, FL 33813**

4.1 TITLE **TD** ☐ Change ☒ Addition
4.2 NAME **Barnie Lee Esposito**
4.3 STREET ADDRESS **208 West Alamo Drive**
4.4 CITY-ST-ZIP **Lakeland, FL 33813**

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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 110.07(3)(k), 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 017, 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*
Barnie Lee Esposito, T

4/21/95 (813) 647-5554

Date Daytime Phone #