FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



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

1996

DOCUMENT #
1. Corporation Name

N31548

(3)

SHADY BROOKE PROPERTY OWNERS' ASSOCIATION, INC.

Principal Place of Business Mailing Address				1 10914767 890 11101 11007 89141 8166	1011 85011 01911 01011 01816 01814 01911 1864
		P. O. BOX 5400 LAKELAND FL 33807-5	5400		
		us		3. Date Incorporated or Qualified 04/06/1989	3a. Date of Last Report 04/26/1995
2. Principal Place of Business		2a. Mailing Address		4. FEI Number	Applied For
Suite, Apt. #, etc.		Suite, Apt. #, etc.	 	59-2942813	Not Applicable
22		27		Certificate of Status Desired	S8.75 Additional Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Žip	Country	Ziρ	Country	8. This corporation has liability for in	
24	25 9. Name and Address of Current	29 Registered Agent	[30]	Florida Statutes L 10. Name and Address of New Re	Yes No
		(10gistorea) igsti.	81 Name		Alatered Agent
ESPOSI	O, BARNIE LEE		82 Stree	t Address (P.O. Box Number is Not Acceptable	ما
208 WEST ALAMO DRIVE			62 Stree	t Address (P.O. Box Number is Not Acceptable	<i>э</i>)
LAKELAND FL 33813			83		
			84 City		85 Zip Code
			′		FL
11. Pursuant to or registers	o the provisions of Sections 617.0502 ad agent, or both, in the State of Florid	and 617.1508, Florida Statut a. Such change was authoris	es, the above-named or	corporation submits this statement for the purps board of directors. Thereby accept the appo	pose of changing its registered office
familiar with	n, and accept the obligations of, Section	on 617.0503, Florida Statutes	S.	a board or directors. Thereby accept the appo	PRIMER de l'églateres agent. Fam
SIGNATURE _					
12.	Signature, typed or printed name of registered agent a OF FICERS AND	T T THE TAX TRANSPORT AT	OTE: Registered Agent signature 13.	ADDITIONS/CHANGES TO OFFI	CERS AND DIRECTORS IN 12
TITLE	PD	DELETE	1.1 TITLE	PD	Tri Change Addition
NAME	OVERSTREET, ROSE MARIE		1.2 NAME	Overstreet, Eugene	ab • 📖
STREET ADDRESS	3504 SHADY BROOKE COUR	T	1.3 STREET ADDRESS		't
CITY-ST-ZIP	MULBERRY FL		1.4 CITY - ST - ZIP	Mulberry, FL 33860	-
TATLE	VPD	DELETE	2 1 TITLE	VPD	Change Addition
NAME	REYES, NORMA A.	, ,	2 2 NAME	Baker, Kenneth L.	
STREET ADDRESS	3447 SHADY BROOKE DRIVE		2 3 STREET ADDRESS		е
CITY-ST-ZIP	MULBERRY FL	DELETE	2 4 CITY-ST-ZIP	Mulberry, FL 33860	
TITLE NAME	SD WEICHT DEBODALL I	DOLLETE	3 1 TITLE	STD	Change Addition
STREET ADDRESS	WEICHT, DEBORAH J. 208 WEST ALAMO DRIVE		3.2 NAME 3.3 STREET ADDRESS	Esposito, Barnie Lee	
City-St-ZiP	LAKELAND FL		3.4. CITY-ST-ZIP	208 W. Alamo Drive Lakeland, FL 33813	
TITLE	TD	DELETE	41 TITLE	D D	☐ Change ☐ Addition
NAME	ESPOSITO, BARNIE LEE		4 2 NAME	Reyes, Norma A.	_
STREET ADDRESS	208 WEST ALAMO DRIVE		4.3 STREET ADDRESS	1 7	
CITY-ST-ZIP	LAKELAND FL		4.4 CHY-ST-ZIP	Mulberry, FL 33860	
TITLE		DELETE	5 1 TITLE		☐ Change ☐ Addition
NAME			5 2 NAME		
STREET ADDRESS			5 3 STREET ADDRESS		
CITY-ST-ZIP		DELETE	5.4 CITY - ST - ZIP		Dehage Dadies
TITLE		[_]nereie	61 TITLE		☐ Change ☐ Addition
NAME STREET ADDRESS			6.2 NAME		
CITY-ST-ZIP			6.3 STREET ADDRESS		
14. I do hereby	certify that the information supplied w	rith this filing is voluntarily furn	64 City-St-ZiP hished and does not qu	alify for the exemption stated in Section 119.0	07(3)(k), Florida Statutes, I further
certify that oath; that I	the information indicated on this annu-	al report or supplemental and ation or the receiver or truste	nual report is true and a se empowered to execu	courate and that my signature shall have the sate this report as required by Chapter 617, Flo	same legal effect as if made under

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICE OR DIRECTOR
Barnie Lee Esposito, Secretary/Treasurer

4/26/96 941-647-5554 Daytine Phone #