

FILE NOW: FILING FEE IS \$61.25

FILED

May 14 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N31548** (3)
1. Corporation Name
SHADY BROOKE PROPERTY OWNERS' ASSOCIATION, INC.



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	
				4. FEI Number 59-2942813	
2. Principal Place of Business 21		2a. Mailing Address 26		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
City & State 23		City & State 28		7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Zip 24		Zip 29		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	
Country 25		Country 30			
9. Name and Address of Current Registered Agent ESPOSITO, BARNIE LEE 208 WEST ALAMO DRIVE LAKELAND FL 33813				10. Name and Address of New Registered Agent	
				81 Name	
				82 Street Address (P.O. Box Number is Not Acceptable)	
				83	
				84 City	
				85 Zip Code	

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

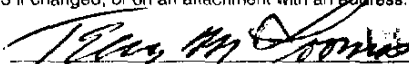
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	<input checked="" type="checkbox"/> DELETE		1.1 TITLE	D-P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	OVERSTREET, EUGENE			1.2 NAME	Terry Loomis		
STREET ADDRESS	3504 SHADYBROOK COURT			1.3 STREET ADDRESS	3475 Shady Brooke Dr.		
CITY-ST-ZIP	MULBERRY FL			1.4 CITY-ST-ZIP	Mulberry, FL 33860		
TITLE	VPD	<input checked="" type="checkbox"/> DELETE		2.1 TITLE	D- VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	BAKER, KENNETH			2.2 NAME	Agustin Chaves		
STREET ADDRESS	3492 SHADY BROOK DRIVE			2.3 STREET ADDRESS	3469 Shady Brooke Dr.		
CITY-ST-ZIP	MULBERRY FL			2.4 CITY-ST-ZIP	Mulberry, FL 33860		
TITLE	STD	<input checked="" type="checkbox"/> DELETE		3.1 TITLE	D- S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	ESPOSITO, BARNIE			3.2 NAME	Lois Kelly		
STREET ADDRESS	208 WEST ALAMO DRIVE			3.3 STREET ADDRESS	3554 Shady Brooke Dr.		
CITY-ST-ZIP	LAKELAND FL			3.4 CITY-ST-ZIP	Mulberry, FL 33860		
TITLE	D	<input checked="" type="checkbox"/> DELETE		4.1 TITLE	D-T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	CHAVEX, AGUSTIN			4.2 NAME	Barnie Esposito		
STREET ADDRESS	3469 SHADY BROOKE DR. E.			4.3 STREET ADDRESS	208 West Alamo Dr.		
CITY-ST-ZIP	MULBERRY FL			4.4 CITY-ST-ZIP	Lakeland, FL 33813		
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME				5.2 NAME	Guadalupe Reys		
STREET ADDRESS				5.3 STREET ADDRESS	3773 Shady Brooke Dr. E.		
CITY-ST-ZIP				5.4 CITY-ST-ZIP	Mulberry, FL 33860		
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME				6.2 NAME	Alberto Saldierna		
STREET ADDRESS				6.3 STREET ADDRESS	3496 Shady Brooke Dr. N.		
CITY-ST-ZIP				6.4 CITY-ST-ZIP	Mulberry, FL 33860		

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: 

Terry M. Loomis

4/27/98

941-425-4602

CP2E037 (10/97)