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**FILED**  
**Apr 09, 1999 8:00 am**  
**Secretary of State**

04-09-1999 90075 005 \*\*\*\*61.25

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<b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N31548**

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



2. Principal Place of Business 21 5018 Greenbrook Ln. Suite, Apt. #, etc. 22		2a. Mailing Address 26 P.O. Box 5284 Suite, Apt. #, etc. 27		3. Date Incorporated or Qualified 04/06/1989	
City & State 23 Lakeland, FL Zip Country 24 33811 25 Polk		City & State 28 Lakeland, FL Zip Country 29 33807-5284 30 Polk		4. FEI Number 59-2942813 Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
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 Kay Elliott 82 Street Address (P.O. Box Number is Not Acceptable) 5018 Greenbrook Ln 83 84 City Lakeland FL 85 Zip Code 33811		

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. PD ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP <input type="checkbox"/> DELETE	1.1 TITLE	Agustin Chavez <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOOMIS, TERRY	1.2 NAME	3469 Shady Brooke Drive
STREET ADDRESS	3475 SHADY BROOKE DRIVE	1.3 STREET ADDRESS	Mulberry, FL 33860
CITY-ST-ZIP	MULBERRY FL	1.4 CITY-ST-ZIP	
TITLE	DVP <input type="checkbox"/> DELETE	2.1 TITLE	VPD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHAVES, AUGUSTIN	2.2 NAME	Lois Kelly
STREET ADDRESS	3469 SHADY BROOKE DRIVE	2.3 STREET ADDRESS	3554 Shady Brooke Drive
CITY-ST-ZIP	MULBERRY FL 33860	2.4 CITY-ST-ZIP	Mulberry, FL 33860
TITLE	DS <input type="checkbox"/> DELETE	3.1 TITLE	SD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KELLY, LOIS	3.2 NAME	Ida Mendoza
STREET ADDRESS	3554 SHADY BROOKE DRIVE	3.3 STREET ADDRESS	3461 Shady Brooke Drive
CITY-ST-ZIP	MULBERRY FL 33860	3.4 CITY-ST-ZIP	Mulberry, FL 33860
TITLE	DT <input checked="" type="checkbox"/> DELETE	4.1 TITLE	TD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ESPOSITO, BARNIE	4.2 NAME	Felipe Rosales
STREET ADDRESS	208 WEST ALAMO DRIVE	4.3 STREET ADDRESS	3498 Shady Brooke Drive
CITY-ST-ZIP	LAKELAND FL 33813	4.4 CITY-ST-ZIP	Mulberry, FL 33860
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REYS, GUADALUPE	5.2 NAME	Terry Loomis
STREET ADDRESS	3773 SHADY BROOKE DRIVE E	5.3 STREET ADDRESS	3475 Shady Brooke Drive
CITY-ST-ZIP	MULBERRY FL 33860	5.4 CITY-ST-ZIP	Mulberry, FL 33860
TITLE	D <input checked="" type="checkbox"/> DELETE	6.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SALDIERNA, ALBERTO	6.2 NAME	Lillian Arthur
STREET ADDRESS	3496 SHADY BROOKE DRIVE N	6.3 STREET ADDRESS	3545 Shady Brooke Drive
CITY-ST-ZIP	MULBERRY FL 33860	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 19.07(3)(f), 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, with all other like empowered.

SIGNATURE: *[Signature]* **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/9/99

Date

941-647-1739

Daytime Phone #

CR2E037 (1/98)