

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N41746

FILED
Mar 16, 2009
Secretary of State

Entity Name: PEOPLES SHADY ACRES COMMUNITY ASSOCIATION, INC.

Current Principal Place of Business:

8100 SE 12TH CT.
OCALA, FL 34480 US

New Principal Place of Business:

Current Mailing Address:

8100 SE 12TH CT.
OCALA, FL 34480 US

New Mailing Address:

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

PEOPLES, WILLIAM D.
8100 SE 12TH CT.
OCALA, FL 34480 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: PEOPLES, WILLIAM D.,
Address: 8100 SE 12TH CT.
City-St-Zip: OCALA, FL

Title: STD () Delete
Name: PEOPLES, ROBIN L.,
Address: 8100 SE 12TH CT.
City-St-Zip: OCALA, FL

Title: D () Delete
Name: RANEW, THOMAS C., JR,
Address: 525 S.E. 61ST TERR
City-St-Zip: OCALA, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILLIAM D PEOPLES

MR

03/16/2009

Electronic Signature of Signing Officer or Director

_____ Date