

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N43533

(1)

1. Corporation Name

SHADY ROAD VILLAS HOMEOWNERS, INC.



Principal Place of Business

Mailing Address

**9100 SW 27TH AVE.
LOT A-34
OCALA FL 34476
US**

**9100 SW 27TH AVE
LOT B-16
OCALA FL 34476
US**

3. Date Incorporated or Qualified
05/20/1991

3a. Date of Last Report
02/08/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc. **26** **9100 SW 27th Ave.**

22 City & State **27** **D-27**

23 Zip **28** **OCALA, FL.**

24 Country **29** **34476** **30** **US**

4. FEI Number
59-3067976

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**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**DISBROW, ROBERT
9100 SW 27TH AVE
LOT C-18
OCALA FL 34476**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** **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 **P** **DELETE**
NAME **DISBROW, ROBERT**
STREET ADDRESS **9100 SW 27TH AVE C-18**
CITY - ST - ZIP **OCALA FL**

1.1 TITLE **PRESIDENT/D** ☒ Change ☒ Addition
1.2 NAME **OSCAR WAITS**
1.3 STREET ADDRESS **A-34 9100 S.W. 27th Ave.**
1.4 CITY - ST - ZIP **OCALA, FL. 34476**

TITLE **VP** ☐ DELETE
NAME **RUSSELL, ALAN**
STREET ADDRESS **9100 SW 27TH AVE B-14**
CITY - ST - ZIP **OCALA FL**

2.1 TITLE **VP/D/3** ☒ Change ☐ Addition
2.2 NAME **ALLEN RUSSELL**
2.3 STREET ADDRESS **9100 S.W. 27th Ave. B14**
2.4 CITY - ST - ZIP **OCALA, FL. 34476**

TITLE **S** **DELETE**
NAME **WALTERS, MATTHEW**
STREET ADDRESS **9100 SW 27TH AVE D-6**
CITY - ST - ZIP **OCALA FL**

3.1 TITLE **T/D** ☒ Change ☐ Addition
3.2 NAME **BETTY DINGEE**
3.3 STREET ADDRESS **9100 S.W. 27th Ave. A21**
3.4 CITY - ST - ZIP **OCALA, FL. 34476**

TITLE **T** **DELETE**
NAME **FREIDLIN, JACK**
STREET ADDRESS **9100 SW27TH AVE, B-16**
CITY - ST - ZIP **OCALA FL**

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

TITLE **D** **DELETE**
NAME **PROWSEN, ROBERT**
STREET ADDRESS **9100 SW 27TH AVE B-21**
CITY - ST - ZIP **OCALA FL**

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

TITLE **D** **DELETE**
NAME **WALTERS, MATTHEW**
STREET ADDRESS **9100 SW 27TH AVE D-6**
CITY - ST - ZIP **OCALA FL**

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 119.07(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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Betty A. Dinglee
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

BETTY A. DINGEE 352-237-1503

Date

Daytime Phone #

CR2E037 (12/95)