


FILE NOW: FILING FEE IS \$61.25

FILED

Feb 24 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N43533 (1)**

1. Corporation Name  
**SHADY ROAD VILLAS HOMEOWNERS, INC.**



Principal Place of Business <b>9100 SW 27TH AVE. LOT A-34 OCALA FL 34476 US</b>	Mailing Address <b>9100 SW 27TH AVE D-27 OCALA FL 34476-7617 US</b>
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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3. Date Incorporated or Qualified <b>05/20/1991</b>	3a. Date of Last Report <b>02/19/1996</b>
4. FEI Number <b>59-3067976</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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 *Robert F. Disbrow* **ROBERT F. DISBROW** DATE **2/15/97**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	PD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WAITS, OSCAR	1.2 NAME	MARTORIE BENSON
STREET ADDRESS	A-34 9100 SW 27TH AVENUE	1.3 STREET ADDRESS	9100 SW 27TH AV A/3
CITY-ST-ZIP	OCALA FL	1.4 CITY-ST-ZIP	OCALA FL 34476
TITLE	VPDS <input checked="" type="checkbox"/> DELETE	2.1 TITLE	VPDS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RUSSELL, ALAN	2.2 NAME	DINGEE, BETTY
STREET ADDRESS	9100 SW 27TH AVE B-14	2.3 STREET ADDRESS	9100 SW 27TH AV A21
CITY-ST-ZIP	OCALA FL	2.4 CITY-ST-ZIP	OCALA FL 34476
TITLE	TD <input type="checkbox"/> DELETE	3.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DINGEE, BETTY	3.2 NAME	DISBROW, ROBERT
STREET ADDRESS	9100 SW 27TH AVENUE A-21	3.3 STREET ADDRESS	9100 SW 27TH AV C-18
CITY-ST-ZIP	OCALA FL	3.4 CITY-ST-ZIP	OCALA FL 34476
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Robert F. Disbrow* **ROBERT F. DISBROW** DATE **2/15/97** (352) 231-1788

Signature and typed or printed name of signing officer or director Date Daytime Phone # 0065870

CR2E037 (9/96)