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**Mar 02, 1999 8:00 am**  
**Secretary of State**

03-02-1999 90126 024 \*\*\*\*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 # N43533**

1. Corporation Name

**SHADY ROAD VILLAS HOMEOWNERS, INC.**

Principal Place of Business

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

Mailing Address

9100 SW 27TH AVE  
 D-27  
 OCALA FL 34476  
 US



2. Principal Place of Business

21 **91**  
 Suite, Apt. #, etc.

22 City & State

23

Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28

Zip Country

29 30

3. Date Incorporated or Qualified

**05/20/1991**

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

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PD** ☐ DELETE  
 NAME **WAITS, OSCAR**  
 STREET ADDRESS **9100 SW 27TH AVE #A-34**  
 CITY-ST-ZIP **OCALA FL 34476**

TITLE **VPD** ☐ DELETE  
 NAME **BENSON, WILLIAM**  
 STREET ADDRESS **9100 SW 27TH AVE #A-13**  
 CITY-ST-ZIP **OCALA FL 34476**

TITLE **TD** ☐ DELETE  
 NAME **DISBROW, ROBERT**  
 STREET ADDRESS **9100 SW 27 AVE., C-18**  
 CITY-ST-ZIP **OCALA FL**

TITLE **S** ☒ DELETE  
 NAME **HEPDING, PAT**  
 STREET ADDRESS **9100 SW 27TH AVE A-15**  
 CITY-ST-ZIP **OCALA FL 34476**

TITLE ☐ DELETE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ DELETE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition  
 1.2 NAME  
 1.3 STREET ADDRESS  
 1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition  
 2.2 NAME  
 2.3 STREET ADDRESS  
 2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition  
 3.2 NAME  
 3.3 STREET ADDRESS  
 3.4 CITY-ST-ZIP

4.1 TITLE ☒ Change ☐ Addition  
 4.2 NAME  
 4.3 STREET ADDRESS  
 4.4 CITY-ST-ZIP

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

6.1 TITLE ☐ Change ☐ Addition  
 6.2 NAME  
 6.3 STREET ADDRESS  
 6.4 CITY-ST-ZIP

**JOHN M. CRAIG**  
**9100 SW 27TH AVE B19**  
**OCALA FL 34476**

14. I 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, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)