


2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

FILED
May 09, 2007 8:00 am
Secretary of State

05-09-2007 90095 027 ****61.25

DOCUMENT # N43533 1. Entity Name SHADY ROAD VILLAS HOMEOWNERS, INC.					
Principal Place of Business 9100 SW 27TH AVE. A-16 OCALA, FL 34476 US			Mailing Address 9100 SW 27TH AVE D-27 OCALA, FL 34476 US		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		05072007 Chg-NP CR2E037 (12/06)	
City & State		City & State		4. FEI Number 59-3067976	
Zip Country		Zip Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DINGEE, BETTY 9100 SW 27TH AVE B-27 OCALA, FL 34476				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by September 14, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CRAIG, JOHN <input checked="" type="checkbox"/> Delete 9100 SW 27TH AVE., B-19 OCALA, FL 34476		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D THORPE, EARL <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 9100 S.W. 27th. Ave. Lot B25 OCALA, FL. 34476	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD MAIER, ERIC <input type="checkbox"/> Delete 9100 SW 27TH AVE A-23 OCALA, FL 34476		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HEPDING, PATRICIA <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 9100 S.W. 27th. Ave. A15 OCALA, FL. 34476	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MISKEY, JOHN <input checked="" type="checkbox"/> Delete 9100 S.W. 27TH AVE. A26 OCALA, FL 34476		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MISKEY, JOHN <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 9100 S.W. 27th Ave. A26 OCALA, FL. 34476	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD DINGEE, BETTY <input checked="" type="checkbox"/> Delete 9100 SW 27TH AVE., B-27 OCALA, FL 34476		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD WEISS, DOLORES <input type="checkbox"/> Delete 9100 S.W. 27TH AVE. A16 OCALA, FL 34476		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DINGEE, BETTY <input type="checkbox"/> Delete 9100 S.W. 27TH B27 OCALA, FL 34476		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u>Betty Dinglee - BETTY DINGEE</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			5-7-07 (352) 237-1503 <small>Date Daytime Phone #</small>		