

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 09, 2008 8:00 am
Secretary of State

04-14-2008 90024 036 ****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**

66010387



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04052008 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number
59-3067976

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**DINGEE, BETTY
9100 SW 27TH AVE
B-27
OCALA, FL 34476**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$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 **D** ☐ Delete
NAME **THORPE, EARL**
STREET ADDRESS **9100 S.W. 27TH AVE LOT B25**
CITY- ST- ZIP **OCALA, FL 34476**

TITLE **SD** ☒ Change ☐ Add
NAME **CRAIG, JOHN**
STREET ADDRESS **9100 SW 27TH AVE LOT B19**
CITY- ST- ZIP **OCALA, FL 34476**

TITLE **VPD** ☐ Delete
NAME **MAIER, ERIC**
STREET ADDRESS **9100 SW 27TH AVE A-23**
CITY- ST- ZIP **OCALA, FL 34476**

TITLE **D** ☐ Change ☒ Add
NAME **HEPDING, FRED**
STREET ADDRESS **9100 SW 27TH AVE, A15**
CITY- ST- ZIP **OCALA, FL 34476**

TITLE **D** ☐ Delete
NAME **MISKEY, JOHN**
STREET ADDRESS **9100 S.W. 27TH AVE. A26**
CITY- ST- ZIP **OCALA, FL 34476**

TITLE ☐ Change ☐ Add
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE **D** ☐ Delete
NAME **HEPDING, PATRICIA**
STREET ADDRESS **9100 S.W. 27TH AVE A15**
CITY- ST- ZIP **OCALA, FL 34476**

TITLE ☐ Change ☐ Add
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE **SD** ☒ Delete
NAME **WEISS, DOLORES**
STREET ADDRESS **9100 S.W. 27TH AVE. A16**
CITY- ST- ZIP **OCALA, FL 34476**

TITLE ☐ Change ☐ Add
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE **P** ☐ Delete
NAME **DINGEE, BETTY**
STREET ADDRESS **9100 S.W. 27TH B27**
CITY- ST- ZIP **OCALA, FL 34476**

TITLE ☐ Change ☐ Add
NAME
STREET ADDRESS
CITY- ST- ZIP

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 changed, or on an attachment with an address, with all other like empowered.

Betty A. Dingle