FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR 12 PM 12:06

DOCUMENT # **N47142** **(7)**

1. Corporation Name
SHADY HAVEN ASSOCIATION, INC.

Principal Place of Business	Mailing Address
150 OLD ENGLEWOOD RD #90 ENGLEWOOD FL 34223 US	333 SOUTH TAMIAMI TR SUITE 199 VENICE FL 34285 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/03/1992
3a. Date of Last Report: 03/24/1994
4. FEI Number: 65-0394069 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent

KORP, WILLIAM R.
333 SOUTH TAMIAMI TRAIL
SUITE 199
VENICE FL 34285

10. Name and Address of New Registered Agent

31 Name
32 Street Address (P.O. Box Number is Not Acceptable)
33
34 City **FL** 35 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
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	11 TITLE	☐ Change ☐ Addition
NAME	STAHL, TOM	12 NAME	
STREET ADDRESS	150 OLD ENGLEWOOD ROAD	13 STREET ADDRESS	
CITY-ST-ZIP	ENGLEWOOD FL	14 CITY-ST-ZIP	
TITLE	VD	21 TITLE	☒ Change ☐ Addition
NAME	~~COX, DOROTHY~~	22 NAME	VD
STREET ADDRESS	~~150 OLD ENGLEWOOD ROAD~~	23 STREET ADDRESS	Keith Anderson
CITY-ST-ZIP	~~ENGLEWOOD FL~~	24 CITY-ST-ZIP	150 Old Englewood Road Englewood. Fl.
TITLE	SD	31 TITLE	☐ Change ☐ Addition
NAME	CAMPBELL, GRACE	32 NAME	
STREET ADDRESS	150 OLD ENGLEWOOD ROAD	33 STREET ADDRESS	
CITY-ST-ZIP	ENGLEWOOD FL	34 CITY-ST-ZIP	
TITLE	D	41 TITLE	☐ Change ☐ Addition
NAME	RUPLI, WALTER	42 NAME	
STREET ADDRESS	150 OLD ENGLEWOOD ROAD	43 STREET ADDRESS	
CITY-ST-ZIP	ENGLEWOOD FL	44 CITY-ST-ZIP	
TITLE	D	51 TITLE	☐ Change ☐ Addition
NAME	TADSEN, WILLIAM	52 NAME	
STREET ADDRESS	150 OLD ENGLEWOOD ROAD	53 STREET ADDRESS	
CITY-ST-ZIP	ENGLEWOOD FL	54 CITY-ST-ZIP	
TITLE	TD	61 TITLE	☐ Change ☐ Addition
NAME	WILKINSON, ARTHUR	62 NAME	
STREET ADDRESS	150 OLD ENGLEWOOD ROAD	63 STREET ADDRESS	
CITY-ST-ZIP	ENGLEWOOD FL	64 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)(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: Tom D Stahl Pres. 4-3-95 813-475-4360
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0010013