


FILE NOW: FILING FEE IS \$61.25

FILED
Apr 15, 1999 8:00 am
Secretary of State

04-15-1999 90088 001 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N96000001716					
1. Corporation Name SHADY LANE MOBILE HOME PARK HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business C/O E LABRON FREE PA 2725 PARK DRIVE STE 3 CLEARWATER FL 33763-023 US			Mailing Address C/O E LABRON FREE PA 2725 PARK DRIVE STE 3 CLEARWATER FL 33763-023 US		



2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29		3. Date Incorporated or Qualified 03/25/1996	
4. FEI Number 59-3497886		Applied For <input type="checkbox"/> Not Applicable		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees		Trust Fund Contribution		9. Name and Address of Current Registered Agent FREE, E L 2725 PARK DR STE 3 CLEARWATER FL 33763-1023	
10. Name and Address of New Registered Agent 81 Name DAMONTE, JONATHAN JAMES		82 Street Address (P.O. Box Number is Not Acceptable) 12110 SEMINOLE BLVD.		83	
84 City LARGO		FL		85 Zip Code 33778	

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: Jonathan James Damon DATE: April 12, 1999

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	TD	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	GUIMOND, LARRY		1.2 NAME	ROUILLARD, LUELLA			
STREET ADDRESS	15400 ROOSEVELT BLVD LOT 615		1.3 STREET ADDRESS	15400 ROOSEVELT BLVD., LOT 217			
CITY-ST-ZIP	CLEARWATER FL 33760		1.4 CITY-ST-ZIP	CLEARWATER, FL 33760			
TITLE	PD	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	PARKS, GORDON		2.2 NAME	CHASE, STAN			
STREET ADDRESS	15400 ROOSEVELT BLVD., LOT 605		2.3 STREET ADDRESS	15400 ROOSEVELT BLVD., LOT 426			
CITY-ST-ZIP	CLEARWATER FL 33760		2.4 CITY-ST-ZIP	CLEARWATER, FL 33760			
TITLE	SD	<input type="checkbox"/> DELETE	3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	RENGEL, SHARON		3.2 NAME				
STREET ADDRESS	15400 ROOSEVELT BLVD., LOT 220		3.3 STREET ADDRESS				
CITY-ST-ZIP	CLEARWATER FL 33760		3.4 CITY-ST-ZIP				
TITLE	VPD	<input checked="" type="checkbox"/> DELETE	4.1 TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	CHASE, STAN		4.2 NAME	MARSHALL, BERNARD			
STREET ADDRESS	15400 ROOSEVELT BLVD, LOT 426		4.3 STREET ADDRESS	15400 ROOSEVELT BLVD., LOT 100			
CITY-ST-ZIP	CLEARWATER FL 33760		4.4 CITY-ST-ZIP	CLEARWATER, FL 33760			
TITLE	D	<input type="checkbox"/> DELETE	5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MULLONG, JACK		5.2 NAME				
STREET ADDRESS	15400 ROOSEVELT BLVD., LOT 221		5.3 STREET ADDRESS				
CITY-ST-ZIP	CLEARWATER FL		5.4 CITY-ST-ZIP				
TITLE	D	<input checked="" type="checkbox"/> DELETE	6.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	SHARP, MARIAN		6.2 NAME	GUIMOND, ERNEST J.			
STREET ADDRESS	15400 ROOSEVELT BLVD LOT 222		6.3 STREET ADDRESS	15400 ROOSEVELT BLVD., LOT 210			
CITY-ST-ZIP	CLEARWATER FL 33760		6.4 CITY-ST-ZIP	CLEARWATER, FL 33760			

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: Sharon Rengel DATE: 4-2-99

CR2E037 (11/98)