

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 <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**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
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country	3. Date Incorporated or Qualified 03/25/1996	4. FEI Number 59-3497886	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
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 GUILMOND, 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 ROOSVELT 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 GUILMOND, 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* SIGNATURE REQUIRED: \_\_\_\_\_ DATE: 4-7-99 DAYTIME PHONE #: \_\_\_\_\_

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CR2E037 (1/1/98)