

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N97000001564

1. Entity Name
SHADY GROVE HOMEOWNERS' ASSOCIATION, INC.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 SEP 30 AM 8:00

Principal Place of Business
3220 S.E. 3RD AVE
OCALA, FL 34471 US

Mailing Address
P.O. BOX 5563
OCALA, FL 34478 US



09292004 No Chg-NP

CR2E037 (10/03)

MRS

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3455422

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

COPE, DAVID
3220 S.E. 3RD AVE
OCALA, FL 34471

**DO NOT WRITE
IN THIS SPACE**

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 September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VPD
COPE, DAVID G
3220 S.E. 3RD AVE
OCALA, FL 34471

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
KLAHN, JACK
2151 NE JACKSONVILLE RD
OCALA, FL 34470

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
T
ERGLE, GREGORY G
1860 SW 76 LANE
OCALA, FL 34476

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

200041610952
10/05/04--01077--016 **61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

Jack S. Klahn Pres
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Sep 29, 2004 (352)
Date Daytime Phone # 622-6565