2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 18, 2009
Secretary of State

DOCUMENT# N97000001564

Entity Name: SHADY GROVE HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

SHADY GROVE HOMEOWNERS ASSOCIATION
SW 76TH LANE
OCALA, FL 34476 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 5563
OCALA, FL 34478 US

New Mailing Address:

2397 SW 76TH LANE
OCALA, FL 34478 US

FEI Number: 59-3455422 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

RYAN, PAULA S
2398 SW 76TH LANE
OCALA, FL 34476 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PRES ( ) Delete
Name: KIRKLAND, GEORGE
Address: 2397 SW 76TH LANE
City-St-Zip: OCALA, FL 34476

Title: VP ( ) Delete
Name: ERGLE, GREGORY
Address: 1860 SW 76TH LANE
City-St-Zip: OCALA, FL 34476

Title: SEC ( ) Delete
Name: RUSSELL, THERESA
Address: 2461 SW 76TH LANE
City-St-Zip: OCALA, FL 34476

Title: TRES ( ) Delete
Name: LOCKER, ROBYN
Address: 2240 SE 76TH LANE
City-St-Zip: OCALA, FL 34476

Title: ASST ( ) Delete
Name: RYAN, PAULA S
Address: 2398 SW 76TH LANE
City-St-Zip: OCALA, FL 34476

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change ( ) Addition
Name: MENTON, TIM
Address: 2291 SW 76TH LANE
City-St-Zip: OCALA, FL 34476

Title: VP (X) Change ( ) Addition
Name: CLEVINGER, SID
Address: 1911SW 76TH LANE
City-St-Zip: OCALA, FL 34476

Title: SEC (X) Change ( ) Addition
Name: GANGLER, KEN
Address: 2133 SW 76TH LANE
City-St-Zip: OCALA, FL 34476

Title: TRES (X) Change ( ) Addition
Name: KIRKLAND, GEORGE
Address: 2397 SE 76TH LANE
City-St-Zip: OCALA, FL 34476

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PAULA RYAN ASST 09/18/2009
Electronic Signature of Signing Officer or Director Date