

**2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Apr 06, 2009  
Secretary of State**

DOCUMENT# N98000002035

Entity Name: SHADY ROAD CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

3019 SW 27TH AVENUE  
SUITE 102  
OCALA, FL 34474

**New Principal Place of Business:**

**Current Mailing Address:**

3019 SW 27TH AVENUE  
SUITE 102  
OCALA, FL 34474

**New Mailing Address:**

FEI Number: 59-3528076      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

TROW, CHESTER J  
21 NORTH MAGNOLIA AVE SECOND FL  
OCALA, FL 34475 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: D ( ) Delete  
Name: MCLAUCHLIN, BEN G  
Address: 3019 SW 27TH AVE, STE 102  
City-St-Zip: Ocala, FL 34474

Title: D ( ) Delete  
Name: CONLEY, JAMES K  
Address: 3019 SW 27TH AVE, STE 102  
City-St-Zip: Ocala, FL 34474

Title: D ( ) Delete  
Name: ADAMS, TED  
Address: 3019 SW 27TH AVE STE 202  
City-St-Zip: Ocala, FL 34474

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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: BEN G MCLAUCHLIN

D

04/06/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date