


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 24, 2004 8:00 am
Secretary of State

02-24-2004 90024 040 ****61.25

| | | | | | |
|---|---------------------------------|--|--|---|--|
| DOCUMENT # N98000005973 1. Entity Name SHADY POINT OWNERS ASSOCIATION, INC. | | | |  | |
| Principal Place of Business 311 CENTRE STREET FERNANDINA BEACH, FL 32034 | | | Mailing Address 311 CENTRE STREET FERNANDINA BEACH, FL 32034 | | |
| 2. Principal Place of Business | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | | |
| Zip | | Country | | 4. FEI Number 59-3685547 | |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | | | | Applied For <input type="checkbox"/> Not Applicable | |
| 6. Name and Address of Current Registered Agent | | | 7. Name and Address of New Registered Agent | | |
| JASINSKY, BRUCE A 311 CENTRE STREET FERNANDINA BEACH, FL 32034 | | | Name Street Address (P.O. Box Number is Not Acceptable) --- City FL Zip Code | | |
| 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____ | | | | | |
| Filing Fee is \$61.25 Due by May 1, 2004 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| Make check payable to Florida Department of State | | | | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
| TITLE | D | <input checked="" type="checkbox"/> Delete | TITLE | P | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | GALPHIN, W.N. JR. | | NAME | TATUM, CHARLES | |
| STREET ADDRESS | 311 CENTRE STREET | | STREET ADDRESS | 1954 SYCAMORE LANE | |
| CITY-ST-ZIP | FERNANDINA BEACH, FL 32034 | | CITY-ST-ZIP | FERNANDINA BEACH, FL 32034 | |
| TITLE | VPD | <input type="checkbox"/> Delete | TITLE | VP | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | GALPHIN, F.W. | | NAME | FISHER, ROBERT A. | |
| STREET ADDRESS | 311 CENTRE STREET | | STREET ADDRESS | C/O 311 CENTRE STREET | |
| CITY-ST-ZIP | FERNANDINA BEACH, FL 32034 | | CITY-ST-ZIP | FERNANDINA BEACH, FL 32034 | |
| TITLE | P.D. | <input type="checkbox"/> Delete | TITLE | D | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | GRAY, ROBERT | | NAME | GRAY, ROBERT | |
| STREET ADDRESS | C/O 311 CENTRE STREET | | STREET ADDRESS | C/O 311 CENTRE STREET | |
| CITY-ST-ZIP | FERNANDINA BEACH, FL 32034 | | CITY-ST-ZIP | FERNANDINA BEACH, FL 32034 | |
| TITLE | D | <input type="checkbox"/> Delete | TITLE | D | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | DAVIS, JOHNNY | | NAME | DAVIS, JOHN L. | |
| STREET ADDRESS | 1 SOUTH 3RD STREET | | STREET ADDRESS | 1 SOUTH THIRD STREET | |
| CITY-ST-ZIP | FERNANDINA BEACH, FL 32034 | | CITY-ST-ZIP | FERNANDINA BEACH, FL 32034 | |
| TITLE | D | <input checked="" type="checkbox"/> Delete | TITLE | D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | LLARENA, ALEX | | NAME | SCOTT, DREW | |
| STREET ADDRESS | 1409 PLANTATION OAKS TERRACE | | STREET ADDRESS | 4300 SOUTH FLETCHER AVENUE | |
| CITY-ST-ZIP | AMELIA ISLAND, FL 32034 | | CITY-ST-ZIP | FERNANDINA BEACH, FL 32034 | |
| TITLE | <input type="checkbox"/> Delete | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| 12. 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 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: <u>Charles M. Tatum</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | 2-10-04 (904) 277-3887 <small>Date Daytime Phone #</small> | | |