2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000007254

Entity Name: SHADY PINES APARTMENTS, INC.

FILED Jan 19, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

445 31ST STREET N 445 31ST STREET NORTH

SAINT PETERSBURG, FL 33713 SAINT PETERSBURG, FL 33713 US

Current Mailing Address: New Mailing Address:

445 31ST STREET N 445 31ST STREET NORTH

SAINT PETERSBURG, FL 33713 US

FEI Number: 59-3547490 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

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

MACMATH, GARY MACMATH, GARY

445 31ST STREET N 445 31ST STREET NORTH

SAINT PETERSBURG, FL 33713 US SAINT PETERSBURG, FL 33713 US

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: 01/19/2009

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VPD () Delete Title: VPD (X) Change () Addition Name: BUSSEY, RUTLAND Name: BUSSEY, RUTLAND

Name: BUSSEY, RUTLAND Name: BUSSEY, RUTLAND Address: 4455 1ST ST. N Address: 445 31ST STREET NORTH

City-St-Zip: SAINT PETERSBURG, FL 33713 City-St-Zip: SAINT PETERSBURG, FL 33713 US

Title: PD () Delete Title: PD (X) Change () Addition Name: MISIEWICZ, PAUL V Name: MISIEWICZ, PAUL

 Address:
 1601 CENTRAL AVE
 Address:
 445 31ST STREET NORTH

 City-St-Zip:
 ST. PETERSBURG, FL 33713
 City-St-Zip:
 ST. PETERSBURG, FL 33713 US

Title: D () Delete Title: ASD (X) Change () Addition

 Name:
 CLENDENING, CONNIE
 Name:
 HUMBURG, JACK

 Address:
 445 31ST STREET N
 Address:
 445 31ST STREET NORTH

City-St-Zip: SAINT PETERSBURG, FL 33713 City-St-Zip: SAINT PETERSBURG, FL 33713 US

Title: SD () Delete Title: STD (X) Change () Addition Name: POYNTER, SALLY Name: POYNTER, SALLY

Address: 445 31ST STREE N Address: 445 31ST STREET NORTH

City-St-Zip: SAINT PETERSBURG, FL 33713 City-St-Zip: SAINT PETERSBURG, FL 33713 US

 $\label{eq:title:D} {\sf Title:} \qquad {\sf D} \qquad {\sf () Delete} \qquad \qquad {\sf Title:} \qquad {\sf D} \qquad {\sf (X) Change () Addition}$

 Name:
 LOTT, MARTIN
 Name:
 LOTT, MARTIN

 Address:
 445 31ST ST N
 Address:
 445 31ST STREET NORTH

City-St-Zip: SAINT PETERSBURG, FL 33713 City-St-Zip: SAINT PETERSBURG, FL 33713 US

Title: D () Change (X) Addition

Name: Name: CLENDENING, CONNIE
Address: Address: 445 31ST STREET NORTH

City-St-Zip: City-St-Zip: SAINT PETERSBURG, FL 33713 US

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: PAUL MISIEWICZ PRES 01/19/2009

Electronic Signature of Signing Officer or Director

Date