

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000007254

FILED
Jan 10, 2012
Secretary of State

Entity Name: SHADY PINES APARTMENTS, INC.

Current Principal Place of Business:

445 31ST STREET NORTH
SAINT PETERSBURG, FL 33713 US

New Principal Place of Business:

Current Mailing Address:

445 31ST STREET NORTH
SAINT PETERSBURG, FL 33713 US

New Mailing Address:

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

Name and Address of Current Registered Agent:

MACMATH, GARY
445 31ST STREET NORTH
SAINT PETERSBURG, FL 33713 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: CEO
Name: MACMATH, GARY
Address: 445 31ST STREET NORTH
City-St-Zip: SAINT PETERSBURG, FL 33713 US

Title: PD
Name: MISIEWICZ, PAUL
Address: 445 31ST STREET NORTH
City-St-Zip: ST. PETERSBURG, FL 33713 US

Title: VPD
Name: BUSSEY, RUTLAND
Address: 445 31ST STREET NORTH
City-St-Zip: SAINT PETERSBURG, FL 33713 US

Title: STD
Name: POYNTER, SALLY
Address: 445 31ST STREET NORTH
City-St-Zip: SAINT PETERSBURG, FL 33713 US

Title: ASD
Name: HUMBURG, JACK
Address: 445 31ST STREET NORTH
City-St-Zip: SAINT PETERSBURG, FL 33713 US

Title: D
Name: LOTT, MARTIN
Address: 445 31ST STREET NORTH
City-St-Zip: SAINT PETERSBURG, FL 33713 US

I hereby 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 all other like empowered.

SIGNATURE: GARY MACMATH

CEO

01/10/2012

Electronic Signature of Signing Officer or Director

Date