

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000001290

FILED  
Feb 06, 2006  
Secretary of State

**Entity Name:** SHADY BROOK RANCHES PROPERTY OWNER'S ASSOCIATION, INC.

**Current Principal Place of Business:**

4721 N ST BRIDES CIRCLE  
ORLANDO, FL 32812

**New Principal Place of Business:**

**Current Mailing Address:**

4721 N ST BRIDES CIRCLE  
ORLANDO, FL 32812

**New Mailing Address:**

**FEI Number:** 59-3712308

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

GLATT, CLEO  
4721 N ST BRIDES CIRCLE  
ORLANDO, FL 32812 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: CLEO, GLATT  
Address: 4721 N ST BRIDES CIRCLE  
City-St-Zip: ORLANDO, FL 32812

Title: D ( ) Delete  
Name: DOUGLAS, JIMMY  
Address: 5271 CR 503  
City-St-Zip: WILDWOOD, FL 34785

Title: D ( ) Delete  
Name: HIGGINBOTHAM, GENE  
Address: 4310 ARLEY PLACE  
City-St-Zip: VALRICO, FL 33597

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

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

Title: D (X) Change ( ) Addition  
Name: LANGFORD, TOMMY  
Address: P O BOX 172  
City-St-Zip: SUMTERVILLE,, FL 33585

Title: D (X) Change ( ) Addition  
Name: JONES, CASEY  
Address: 1387 NE 17TH ST  
City-St-Zip: SUMTERVILLE,, FL 33585

I hereby certify that the information supplied with this filing does not qualify for the 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: CLEO GLATT

D

02/06/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date