

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 29, 2005 08:00 AM
Secretary of State

DOCUMENT # N99000001875

1. Entity Name
SHADY ROAD PROFESSIONAL CENTER PROPERTY
OWNERS' ASSOCIATION, INC.



Principal Place of Business
1700 SE 17TH STREET #300
OCALA, FL 34471

Mailing Address
1700 SE 17TH STREET #300
OCALA, FL 34471



02182005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3576915
Applied For
Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BOYD, ROY T III
1700 SE 17TH STREET #300
OCALA, FL 34471

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and file if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

1000000344184
04/29/05-80125-019 61.25

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	BOYD, ROY T III
STREET ADDRESS	1700 SE 17TH STREET #300
CITY-ST-ZIP	OCALA, FL 34471
TITLE	D
NAME	GRAY, STEVEN H
STREET ADDRESS	125 N.E. 1ST AVENUE #1
CITY-ST-ZIP	OCALA, FL 34470
TITLE	D
NAME	HAINES, TIM D
STREET ADDRESS	125 N.E. 1ST AVENUE #1
CITY-ST-ZIP	OCALA, FL 34470
TITLE	ST
NAME	YOUNG, LARRY E
STREET ADDRESS	1700 SE 17TH STREET #300
CITY-ST-ZIP	OCALA, FL 34471
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #