


**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 25, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N99000001875</b> 1. Entity Name SHADY ROAD PROFESSIONAL CENTER PROPERTY OWNERS' ASSOCIATION, INC.	
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Principal Place of Business 1700 SE 17TH STREET #300 OCALA, FL 34471	Mailing Address 1700 SE 17TH STREET #300 OCALA, FL 34471
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02242006 No Chg-NP CR2E037 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-3576915	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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
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**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

<b>Filing Fee is \$61.25 Due by May 1, 2006</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BOYD, ROY T III 1700 SE 17TH STREET #300 OCALA, FL 34471
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GRAY, STEVEN H 125 N.E. 1ST AVENUE #1 OCALA, FL 34470
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HAINES, TIM D 125 N.E. 1ST AVENUE #1 OCALA, FL 34470
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST YOUNG, LARRY E 1700 SE 17TH STREET #300 OCALA, FL 34471
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

000000533143  
05/06/06-80114-001 61.25

**DO NOT WRITE  
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:** Roy Thad Boyd III 4-20-06 352-861-2248  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #