

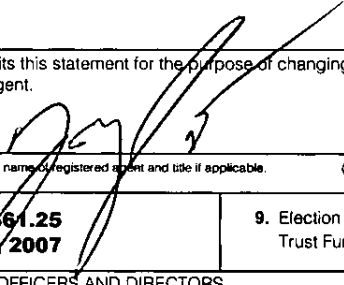
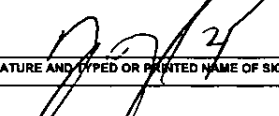


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2007 8:00 am
Secretary of State

05-03-2007 90063 036 ****61.25

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		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		03292007 Chg-NP CR2E037 (12/06)	
City & State		City & State		4. FEI Number 59-3576915	
Zip		Country		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			7. Name and Address of New Registered Agent Name: <u>Boyd, Roy T. III</u> Street Address (P.O. Box Number is Not Acceptable): <u>1720 SE 16th Ave.</u> <u>Bldg. 200</u> City: <u>Ocala</u> FL Zip Code: <u>34471</u>		
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. <div style="display: flex; justify-content: space-between;"> <div style="width: 40%;"> SIGNATURE  <small>Signature, typed or printed name of registered agent and title if applicable.</small> </div> <div style="width: 40%; text-align: right;"> DATE <u>4-18-07</u> </div> </div>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE PD	NAME BOYD, ROY T III <input type="checkbox"/> Delete		TITLE 	NAME Boyd, Roy T. III <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 1700 SE 17TH STREET #300	CITY-ST-ZIP OCALA, FL 34471		STREET ADDRESS 1720 SE 16th Ave. Bldg. 200	CITY-ST-ZIP Ocala, FL 34471	
TITLE D	NAME GRAY, STEVEN H <input type="checkbox"/> Delete		TITLE 	NAME Gray, Steven H. <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 125 N.E. 1ST AVENUE #1	CITY-ST-ZIP OCALA, FL 34470		STREET ADDRESS 125 NE 1st Ave. #1	CITY-ST-ZIP Ocala, FL 34470	
TITLE D	NAME HAINES, TIM D <input type="checkbox"/> Delete		TITLE 	NAME Haines, Tim D. <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 125 N.E. 1ST AVENUE #1	CITY-ST-ZIP OCALA, FL 34470		STREET ADDRESS 125 NE 1st Ave. #1	CITY-ST-ZIP Ocala, FL 34470	
TITLE ST	NAME YOUNG, LARRY E <input type="checkbox"/> Delete		TITLE 	NAME Young, Larry E. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 1700 SE 17TH STREET #300	CITY-ST-ZIP OCALA, FL 34471		STREET ADDRESS 1720 SE 16th Ave. Bldg. 200	CITY-ST-ZIP Ocala, FL 34471	
TITLE 	NAME 		TITLE 	NAME 	
STREET ADDRESS 	CITY-ST-ZIP 		STREET ADDRESS 	CITY-ST-ZIP 	
TITLE 	NAME 		TITLE 	NAME 	
STREET ADDRESS 	CITY-ST-ZIP 		STREET ADDRESS 	CITY-ST-ZIP 	
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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			DATE <u>4-18-07</u>		
Daytime Phone #			Daytime Phone #		