

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 01, 2008 8:00 am
Secretary of State

04-01-2008 90011 010 ****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**

1720 SE 16th Ave, #200

1720 SE 16th Ave, #200



02082008 No Chg-NP CR2E037 (4/06)

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
1720 SE 16TH AVE.
BLDG. 200
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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

2-18-08

10. OFFICERS AND DIRECTORS

| | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD BOYD, ROY T III 1720 SE 16TH AVE. BLDG 200 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 1720 SE 16TH AVE. BLDG. 200 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Roy Todd Boyd, III

Date

Daytime Phone #

2-18-08 352-861-2248