2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2009
Secretary of State

DOCUMENT# N99000001875

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

Current Principal Place of Business:

1700 SE 17TH STREET #200
OCALA, FL 34471

New Principal Place of Business:

1720 SE 16TH AVENUE
BUILDING #200
OCALA, FL 34471

Current Mailing Address:

1700 SE 17TH STREET #200
OCALA, FL 34471

New Mailing Address:

1720 SE 16TH AVENUE
BUILDING #200
OCALA, FL 34471

FEI Number: 59-3576915 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BOYD, ROY T III
1720 SE 16TH AVE.
BLDG. 200
OCALA, FL 34471 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: PD ( ) Delete
Name: BOYD, ROY T III
Address: 1720 SE 16TH AVE. BLDG 200
City-St-Zip: OCALA, FL 34471

Title: D ( ) Delete
Name: GRAY, STEVEN H
Address: 125 N.E. 1ST AVENUE #1
City-St-Zip: OCALA, FL 34470

Title: D ( ) Delete
Name: HAINES, TIM D
Address: 125 N.E. 1ST AVENUE #1
City-St-Zip: OCALA, FL 34470

Title: ST ( ) Delete
Name: YOUNG, LARRY E
Address: 1720 SE 16TH AVE. BLDG. 200
City-St-Zip: OCALA, FL 34471

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify 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: ROY T. BOYD, III PD 04/20/2009

Electronic Signature of Signing Officer or Director — Date