

FILED

07 MAY -1 PM 12:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P03000117824

1. Entity Name
SHELBY HOMES AT MEADOWS, INC.



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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
6363 NW 6TH WAY
SUITE 250
FT. LAUDERDALE, FL 33309

Mailing Address
6363 NW 6TH WAY
SUITE 250
FT. LAUDERDALE, FL 33309

2. Principal Place of Business - No P.O. Box #

Suite, Apt. #, etc.

City & State

ZipCountry

3. Mailing Address

Suite, Apt. #, etc.

City & State

ZipCountry

02142007Chg-PCR2E034 (12/06)

4. FEI Number
90-0115020

Applied For
Not Applicable

5. Certificate of Status Desired
\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
SIMON, ERIC A
6363 NW 6TH WAY
SUITE 250
FT. LAUDERDALE, FL 33309

7. Name and Address of New Registered Agent
Name
ROBERT SHELLEY
Street Address (P.O. Box Number is Not Acceptable)

CityFLZip Code

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: ROBERT SHELLEY
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)
DATE: 4/24/07

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution.
\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS
TITLENAMESTREET ADDRESSCITY-ST-ZIP
DP
SHELLEY, ROBERT
6363 NW 6TH WAY SUITE 250
FT. LAUDERDALE, FL 33309
Delete
TITLENAMESTREET ADDRESSCITY-ST-ZIP
DV
SIMON, ERIC A
6363 NW 6TH WAY SUITE 250
FT. LAUDERDALE, FL 33309
Delete
TITLENAMESTREET ADDRESSCITY-ST-ZIP
Delete
TITLENAMESTREET ADDRESSCITY-ST-ZIP
Delete
TITLENAMESTREET ADDRESSCITY-ST-ZIP
Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLENAMESTREET ADDRESSCITY-ST-ZIP
ChangeAddition
800102234618
05/14/07--01007--010 **150.00
ChangeAddition
TITLENAMESTREET ADDRESSCITY-ST-ZIP
ChangeAddition
TITLENAMESTREET ADDRESSCITY-ST-ZIP
ChangeAddition
TITLENAMESTREET ADDRESSCITY-ST-ZIP
ChangeAddition

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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with another like empowered.
SIGNATURE: ROBERT SHELLEY
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date: 4/24/07
Daytime Phone #: 954-318-1000