FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

1995

APPROVED AND FILED

95 MAR -1 PM 12:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 722594 (9)

SHADOWOOD VILLAGE, INC.

2180 W SR 434
SUITE 5000
LONGWOOD FL 32779
US

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SUITE 5000
LONGWOOD FL 32779
US

3. Date of Incorporation: 02/03/1972

3a. Date of Last Report: 04/18/1994

4. FEI Number: 59-1516040

Applied For

Not Applicable

5. Number of Jobs (Leave): $8.75 Additional Fee Required

6. [ ] $5.00 May Be Added to Fees

7. Nonprofit with IRS 501(c)(3) [ ] $68.75 Supplemental Fee Not Required

8. [ ] Yes [X] No

9. Name and Address of Current Registered Agent

HART, JAMES W JR
SENTRY MANAGEMENT, INC.
2180 W. STATE ROAD 434, SUITE 5000
LONGWOOD FL 32779

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City FL 85 Zip Code

11. The undersigned is familiar with and hereby accepts the duties and responsibilities of registered agent for the above-named corporation under Section 607.325, Florida Statutes. The undersigned is familiar with and hereby accepts the appointment as registered agent for the above-named corporation under Section 607.325, Florida Statutes.

12.		13.		
	PD			[ ] Change [ ] Add
NAME	SHAKAR, BOB	NAME		
ADDRESS	125 RED CEDAR DR	ADDRESS		
CITY/ST/ZIP	LONGWOOD FL	CITY/ST/ZIP		
	VD			[ ] Change [ ] Add
NAME	KELLY, ROBERT	NAME		
ADDRESS	115 RED CEDAR DR	ADDRESS		
CITY/ST/ZIP	LONGWOOD FL	CITY/ST/ZIP		
	SDXX		D	XX Change [ ] Add
NAME	BLACK, JANE	NAME		
ADDRESS	100 STARLING LN.	ADDRESS		
CITY/ST/ZIP	LONGWOOD FL	CITY/ST/ZIP		
	TD			[ ] Change [ ] Add
NAME	ANDREWS, GEORGE	NAME		
ADDRESS	102 STARLING LANE	ADDRESS		
CITY/ST/ZIP	LONGWOOD FL	CITY/ST/ZIP		
	DX		SD	[ ] Change XX Add
NAME	DXXXXXXXXXXXXXX	NAME	CROUCH, DONNA	
ADDRESS	20XXXXXXXXXXXXXXXXXX	ADDRESS	101 WILD HOLLY LN	
CITY/ST/ZIP	LONGWOODXXXXXX	CITY/ST/ZIP	LONGWOOD FL 32779	
				[ ] Change [ ] Add
NAME		NAME		
ADDRESS		ADDRESS		
CITY/ST/ZIP		CITY/ST/ZIP		

14. To the best of my knowledge, information supplied with the above-captioned, amended and/or restated document, for the corporation stated in item 1 of the Florida Statutes, I further certify that the corporation named in item 1 has complied with the applicable provisions of Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, Florida Statutes.

SIGNATURE: Robert M. Shakar March 6, 1995 8620827

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ROBERT M. SHAKAR

0003405