

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **722594** (9)

1. Corporation Name

SHADOWOOD VILLAGE, INC.



Principal Place of Business: **2180 W. SR 434 SUITE 5000 LONGWOOD FL 32779 US**
Mailing Address: **2180 W. SR 434 SUITE 5000 LONGWOOD FL 32779 US**

3. Date Incorporated or Qualified: **02/03/1972**
3a. Date of Last Report: **05/01/1995**

2. Principal Place of Business

2a. Mailing Address

4. FEI Number: **59-1516040**
Applied For: Applied For Not Applicable

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

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

22 City & State

27 City & State

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

23 Zip Country

28 Zip Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

24 25 29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input type="checkbox"/> DELETE
NAME	SHAKAR, BOB	
STREET ADDRESS	125 RED CEDAR DR	
CITY-ST-ZIP	LONGWOOD FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	KELLY, ROBERT	
STREET ADDRESS	115 RED CEDAR DR	
CITY-ST-ZIP	LONGWOOD FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	BLACK, JANE	
STREET ADDRESS	100 STARLING LN.	
CITY-ST-ZIP	LONGWOOD FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	ANDREWS, GEORGE	
STREET ADDRESS	102 STARLING LANE	
CITY-ST-ZIP	LONGWOOD FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	CROUCH, DONNA	
STREET ADDRESS	101 WILD HOLLY LN	
CITY-ST-ZIP	LONGWOOD FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	BERSCH, JR., RAYMOND
3.3 STREET ADDRESS	102 WILD HOLLY LN
3.4 CITY-ST-ZIP	LONGWOOD FL
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Robert M. Shakar*

3/11/96

407-862-0827

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ROBERT M. SHAKAR

CR2E037 (12/95)