


**FILE NOW: FILING FEE IS \$61.25**

**FILED**

**Mar 26 1998 8:00am  
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 722594 (9)**

1. Corporation Name  
**SHADOWOOD VILLAGE, INC.**

Principal Place of Business <b>2100 W. SR 434 SUITE 5000 LONGWOOD FL 32779 US</b>	Mailing Address <b>2100 W. SR 434 SUITE 5000 LONGWOOD FL 32779 US</b>
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3. Date Incorporated or Qualified  
**02/03/1972**

4. FEI Number  
**59-1516040**

Applied For	
Not Applicable	

<b>21</b> Principal Place of Business	<b>2a.</b> Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
<b>22</b> City & State	<b>27</b> City & State
Zip	Country
<b>24</b> Zip	<b>25</b> Country
<b>29</b> Zip	<b>30</b> Country

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

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

7. Is this nonprofit corporation a homeowners association?  
 Yes  No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  
 Yes  No

**9. Name and Address of Current Registered Agent**

**HART, JAMES W JR  
SENTRY MANAGEMENT, INC.  
2100 W. STATE ROAD 434, SUITE 5000  
LONGWOOD FL 32779**

**10. Name and Address of New Registered Agent**

<b>81</b> Name	
<b>82</b> Street Address (P.O. Box Number is Not Acceptable)	
<b>83</b>	
<b>84</b> City	<b>FL</b>
<b>85</b> 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SHAKAR, BOB	1.2 NAME	JOHNSON, BILL
STREET ADDRESS	125 RED CEDAR DR	1.3 STREET ADDRESS	127 RED CEDAR DR
CITY-ST-ZIP	LONGWOOD FL	1.4 CITY-ST-ZIP	LONGWOOD FL 32779
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KELLY, ROBERT	2.2 NAME	
STREET ADDRESS	115 RED CEDAR DR	2.3 STREET ADDRESS	
CITY-ST-ZIP	LONGWOOD FL	2.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	3.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BERSCH, JR. R	3.2 NAME	BALEDES, ANN
STREET ADDRESS	102 WILD HOLLY LN	3.3 STREET ADDRESS	111 WEEPING ELM
CITY-ST-ZIP	LONGWOOD FL	3.4 CITY-ST-ZIP	LONGWOOD FL 32779
TITLE	TD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANDREWS, GEORGE	4.2 NAME	
STREET ADDRESS	102 STARLING LANE	4.3 STREET ADDRESS	
CITY-ST-ZIP	LONGWOOD FL	4.4 CITY-ST-ZIP	
TITLE	SD <input checked="" type="checkbox"/> DELETE	5.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CROUCH, DONNA	5.2 NAME	BOURBEAU, LEZLA
STREET ADDRESS	101 WILD HOLLY LN	5.3 STREET ADDRESS	118 WILD HOLLY LN
CITY-ST-ZIP	LONGWOOD FL	5.4 CITY-ST-ZIP	LONGWOOD FL 32779
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, on an attachment with an address.

SIGNATURE: *Robert Kelly* **ROBERT KELLY** 2-9-98 862-0322

CF2E037 (10/97)