

FILE NOW: FILING FEE IS \$61.25

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Mar 22, 1999 8:00 am
Secretary of State

03-22-1999 90056 009 ****61.25

NONPROFIT CORPORATION
 ANNUAL REPORT
1999

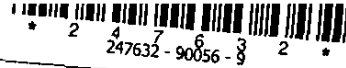


FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 722594

1. Corporation Name
SHADOWOOD VILLAGE, INC.

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



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		02/03/1972	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-1516040	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip Country		Zip Country			
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			

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	VP	<input type="checkbox"/> DELETE	1.1 TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHNSON, BILL		1.2 NAME		
STREET ADDRESS	127 RED CEDAR DR		1.3 STREET ADDRESS		
CITY-ST-ZIP	LONGWOOD FL 32779		1.4 CITY-ST-ZIP		
TITLE	PD	<input type="checkbox"/> DELETE	2.1 TITLE		<input 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 type="checkbox"/> DELETE	3.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BALEDES, ANN		3.2 NAME		
STREET ADDRESS	111 WEEPING ELM		3.3 STREET ADDRESS		
CITY-ST-ZIP	LONGWOOD FL 32779		3.4 CITY-ST-ZIP		
TITLE	TD	<input checked="" 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	D	<input checked="" type="checkbox"/> DELETE	5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOURBEAU, LEZLA		5.2 NAME		
STREET ADDRESS	118 WILD HOLLY LN		5.3 STREET ADDRESS		
CITY-ST-ZIP	LONGWOOD FL 32779		5.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			6.2 NAME	CROUCH, PAUL	
STREET ADDRESS			6.3 STREET ADDRESS	101 WILD HOLLY LN	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	LONGWOOD FL 32779	

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, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Robert Kelly* **ROBERT KELLY** 2-25-99 407-862-0322

CR2E037 (1/98)

247692-90056-9
722594

SHADOWOOD VILLAGE, INC.

TITLE NAME STREET ADDRESS CITY ST ZIP	DELETE	ADDITION	CHANGE
D LINTON, RUSSELL 104 WILD HOLLY LN LONGWOOD FL 32779		X	

TITLE NAME STREET ADDRESS CITY ST ZIP	DELETE	ADDITION	CHANGE
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TITLE NAME STREET ADDRESS CITY ST ZIP	DELETE	ADDITION	CHANGE
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TITLE NAME STREET ADDRESS CITY ST ZIP	DELETE	ADDITION	CHANGE
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TITLE NAME STREET ADDRESS CITY ST ZIP	DELETE	ADDITION	CHANGE
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