

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 733738 (9)
 1. Corporation Name
SHADOW BROOK PROPERTY OWNERS' ASSOCIATION, INC.



Principal Place of Business: **5865 34TH LANE VERO BCH FL 32966**
 Mailing Address: **5865 34TH LANE VERO BCH FL 32966**

3. Date Incorporated or Qualified: **09/03/1975** 3a. Date of Last Report: **03/08/1995**
 4. FEI Number: **59-1650683** Applied For: Not Applicable
 5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
 6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: **21** Suite, Apt. #, etc. **22** City & State **23** Zip **24** Country **25**
 2a. Mailing Address: **26** Suite, Apt. #, etc. **27** City & State **28** Zip **29** Country **30**

9. Name and Address of Current Registered Agent
FLETCHER, DIXON M.
5835 34TH ST.
VERO BEACH FL 32960

10. Name and Address of New Registered Agent
81 Name: **EDWARD R. KOFKE**
82 Street Address (P.O. Box Number is Not Acceptable): **5845 34th St.**
83 City: **VERO BEACH**
84 State: **FL** **85** Zip Code: **32960**

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: *Edward R. Kofke* **EDWARD R. KOFKE** DATE: **6-13-96**
(Signature typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	YOUNG, TOM	1.2 NAME	
STREET ADDRESS	5865 34TH LANE	1.3 STREET ADDRESS	
CITY-ST-ZIP	VERO BCH, FL 00000	1.4 CITY-ST-ZIP	
TITLE	VD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCKINNEY, BOB	2.2 NAME	
STREET ADDRESS	5850 34 ST	2.3 STREET ADDRESS	
CITY-ST-ZIP	VERO BCH, FL 00000	2.4 CITY-ST-ZIP	
TITLE	TD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KOFKE, ED	3.2 NAME	
STREET ADDRESS	5845 34 ST	3.3 STREET ADDRESS	
CITY-ST-ZIP	VERO BEACH FL	3.4 CITY-ST-ZIP	
TITLE	SD	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WEBER, MARIAN	4.2 NAME	
STREET ADDRESS	5870 34 LANE	4.3 STREET ADDRESS	
CITY-ST-ZIP	VERO BCH, FL 00000	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, WALT	5.2 NAME	
STREET ADDRESS	3485 58 AVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	VERO BCH, FL 00000	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LARSON, LARRY	6.2 NAME	
STREET ADDRESS	5825 34TH ST.	6.3 STREET ADDRESS	
CITY-ST-ZIP	VERO BEACH FL	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: *Edward R. Kofke* **EDWARD R. KOFKE** DATE: **6-13-96** Daytime Phone #: **(561) 567-4490**

CR2E037 (3/96)