


FILE NOW: FILING FEE IS \$61.25

FILED  
Jan 30 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 733738 (9)**

1. Corporation Name  
**SHADOW BROOK PROPERTY OWNERS' ASSOCIATION, INC.**



Principal Place of Business <b>5865 34TH LANE VERO BCH FL 32966</b>	Mailing Address <b>5865 34TH LANE VERO BCH FL 32966-6517</b>
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3. Date Incorporated or Qualified <b>09/03/1975</b>	3a. Date of Last Report <b>06/18/1996</b>
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2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country
25. Country	30. Country

4. FEI Number <b>59-1650683</b>	Applied For <input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**EDWARD R. KOFKE  
5845 34TH ST.  
VERO BEACH FL 32960**

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. 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		DELETED
TITLE	<b>PD</b>	<input type="checkbox"/>
NAME	<b>YOUNG, TOM</b>	
STREET ADDRESS	<b>5865 34TH LANE</b>	
CITY-ST-ZIP	<b>VERO BCH, FL 00000</b>	
TITLE	<b>VD</b>	<input type="checkbox"/>
NAME	<b>MCKINNEY, BOB</b>	
STREET ADDRESS	<b>5850 34 ST</b>	
CITY-ST-ZIP	<b>VERO BCH, FL 00000</b>	
TITLE	<b>TD</b>	<input type="checkbox"/>
NAME	<b>KOFKE, ED</b>	
STREET ADDRESS	<b>5845 34 ST</b>	
CITY-ST-ZIP	<b>VERO BEACH FL</b>	
TITLE	<b>SD</b>	<input type="checkbox"/>
NAME	<b>WEBER, MARIAN</b>	
STREET ADDRESS	<b>5870 34 LANE</b>	
CITY-ST-ZIP	<b>VERO BCH, FL 00000</b>	
TITLE	<b>D</b>	<input type="checkbox"/>
NAME	<b>SMITH, WALT</b>	
STREET ADDRESS	<b>3465 58 AVE</b>	
CITY-ST-ZIP	<b>VERO BCH, FL 00000</b>	
TITLE	<b>D</b>	<input type="checkbox"/>
NAME	<b>LARSON, LARRY</b>	
STREET ADDRESS	<b>5825 34TH ST.</b>	
CITY-ST-ZIP	<b>VERO BEACH FL</b>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY-ST-ZIP			
2.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP			

14. I do 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.

SIGNATURE: *Edward R. Kofke* **EDWARD R. KOFKE** 1-31-97 (511) 517-490

CR2E037 (9/96)