

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION  
ANNUAL REPORT  
1995



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

FILED  
MAY 1 1995  
9:47

DOCUMENT # **736472** (2)

1. Corporation Name  
**SHADOWOOD COMMUNITY ASSOCIATION, INC.**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address  
**1901 MONUMENT ROAD  
P.O. BOX 8579  
JACKSONVILLE FL 32239**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **07/27/1976** 3a. Date of Last Report **04/25/1994**  
4. FEI Number **59-1755559** 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**  
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status  **\$68.75 Supplemental Fee Not Required**  
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**GARDNER, ROBERT P., JR. ESQ.  
1529 OAK HAVEN RD  
JACKSONVILLE FL 32207**

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when registering) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS	
TITLE <b>VP</b>	NAME <b>HUNTER, JOEL</b> STREET ADDRESS <b>1904 WILLOWOOD</b> CITY - ST - ZIP <b>JACKSONVILLE FL</b>
TITLE <b>P</b>	NAME <b>ESCOTT, JAMES</b> STREET ADDRESS <b>11357 WHITE BAY LN</b> CITY - ST - ZIP <b>JACKSONVILLE FL</b>
TITLE <b>S</b>	NAME <b>CANNINGTON, ZANNETTE</b> STREET ADDRESS <b>11415 BEDFORD OAKS DR</b> CITY - ST - ZIP <b>JACKSONVILLE FL</b>
TITLE <b>TD</b>	NAME <b>FORD, LEA L.</b> STREET ADDRESS <b>11419 BEDFORD OAKS DR</b> CITY - ST - ZIP <b>JACKSONVILLE FL</b>
TITLE <b>D</b>	NAME <b>LANGENBACK, HAZEL C.</b> STREET ADDRESS <b>1908 WILLOWOOD DR</b> CITY - ST - ZIP <b>JACKSONVILLE FL</b>
TITLE <b>D</b>	NAME <b>WEHNES, SHIRLEY</b> STREET ADDRESS <b>110407 WHITE BAY LN</b> CITY - ST - ZIP <b>JACKSONVILLE FL</b>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	
21 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	<b>DIRECTOR</b>
23 STREET ADDRESS	<b>JAMES M. ESCOTT</b>
24 CITY - ST - ZIP	<b>11357 WHITE BAY LANE</b> <b>JACKSONVILLE, FL 32225</b>
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	<b>PRES.</b>
53 STREET ADDRESS	<b>WILLIAM HAMPTON</b>
54 CITY - ST - ZIP	<b>11359 BEDFORD OAKS DR.</b> <b>JACKSONVILLE, FL 32225</b>
61 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	<b>DIRECTOR</b>
63 STREET ADDRESS	<b>LEA L. FORD</b>
64 CITY - ST - ZIP	<b>11415 WHITE BAY LANE</b> <b>JACKSONVILLE, FL 32225</b>

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)(b), 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 this 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: *Lea L. Ford* **4-28-95** **641-8639**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Telephone #  
**LEA L. FORD**