

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 736472 (2)

1. Corporation Name
SHADOWOOD COMMUNITY ASSOCIATION, INC.



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

Mailing Address
**1901 MONUMENT ROAD
P.O. BOX 8579
JACKSONVILLE FL 32239**

3. Date Incorporated or Qualified
07/27/1976

3a. Date of Last Report
05/01/1995

2. Principal Place of Business
21 **1901 MONUMENT RD.**
Suite, Apt. #, etc.

2a. Mailing Address
26 **1931 SHADOWOOD PARK DR.**
Suite, Apt. #, etc.

22 City & State
23 **JACKSONVILLE, FL**

27 City & State
28 **JACKSONVILLE, FL**

24 Zip
25 **32225-2401**

29 Zip
30 **32225-2401**

Country
31 **FLORIDA**

4. FEI Number
59-1755559

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

9. Name and Address of Current Registered Agent
**GARDNER, ROBERT P., JR. ESQ.
1529 OAK HAVEN RD
JACKSONVILLE FL 32207**

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)

12. OFFICERS AND DIRECTORS

TITLE	VP	<input type="checkbox"/> DELETE
NAME	HUNTER, JOEL	
STREET ADDRESS	1904 WILLOWOOD	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	ESCOTT, JAMES M	
STREET ADDRESS	11357 WHITE BAY LN	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	CANNINGTON, ZANNETTE	
STREET ADDRESS	11415 BEDFORD OAKS DR	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	FORD, LEA L.	
STREET ADDRESS	11419 BEDFORD OAKS DR	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	HAMPTON, WILLIAM	
STREET ADDRESS	11359 BEDFORD OAKS DRIVE	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	BERRY, JOAN	
STREET ADDRESS	11415 WHITE BAY LANE	
CITY-ST-ZIP	JACKSONVILLE FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	DIR RICHARD A PRICE
2.3 STREET ADDRESS	4420 MONUMENT POINT DR
2.4 CITY-ST-ZIP	JACKSONVILLE, FL 32225
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	SEC. GAYNELLE COCHRAN
3.3 STREET ADDRESS	1824 POWDER SPRINGS DR
3.4 CITY-ST-ZIP	JACKSONVILLE, FL 32225
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	PRES PAT MITCHELL
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	DIR JANE CARR
6.3 STREET ADDRESS	1822 WILLOWOOD DR
6.4 CITY-ST-ZIP	JACKSONVILLE, FL 32225

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: Lea L. Ford, Treas 4-22-96 (904) 641-5639

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)