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Feb 18 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Morham , Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 736472 (2)
1. Corporation Name
SHADOWOOD COMMUNITY ASSOCIATION, INC.



Principal Place of Business 1901 MONUMENT ROAD JACKSONVILLE FL 32225-2401 US	Mailing Address 1931 SHADOWOOD PARK DR JACKSONVILLE FL 32225-2407 US
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3. Date Incorporated or Qualified 07/27/1976	3a. Date of Last Report 05/01/1996
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2. Principal Place of Business 21 Same	2a. Mailing Address 26 Same
22 State, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip	29 Zip
25 Country	30 Country

4. FEI Number 59-1755559	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 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
**GARDNER, ROBERT P., JR. ESQ.
1529 OAK HAVEN RD
JACKSONVILLE FL 32207**

10. Name and Address of New Registered Agent

81 Name Michael Brooks, Esquire	
82 Street Address (P.O. Box Number is Not Acceptable) 437 East Monroe Street	
83 City Jacksonville, FL 32202	
84 City Jacksonville, FL	85 Zip Code 32202

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 **MaryAnn Conner, Treasurer** *MaryAnn Conner* **Jan. 14, 1997**
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered agent signature required when reinstating) DATE

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 type="checkbox"/> DELETE
NAME PRICE, RICHARD A	
STREET ADDRESS 4420 MONUMENT POINT DR	
CITY-ST-ZIP JACKSONVILLE FL	
TITLE S	<input type="checkbox"/> DELETE
NAME COCHRARY, GAYNEBBE	
STREET ADDRESS 1824 POWDER SPRINGS 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 O	<input type="checkbox"/> DELETE
NAME MITCHELL, J. P	
STREET ADDRESS 1822 WIBBOWOOD DR.	
CITY-ST-ZIP JACKSONVILLE FL	
TITLE D	<input 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 President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME John W. Green	
1.3 STREET ADDRESS 11409 White Bay Lane	D
1.4 CITY-ST-ZIP Jacksonville, FL 32225	
2.1 TITLE Vice President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME James Escott	
2.3 STREET ADDRESS 11352 White Bay Lane	D
2.4 CITY-ST-ZIP Jacksonville, FL 32225	
3.1 TITLE Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME Joan Berry	
3.3 STREET ADDRESS 11415 White Bay Lane	D
3.4 CITY-ST-ZIP Jacksonville, FL 32225	
4.1 TITLE Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME MaryAnn Conner	
4.3 STREET ADDRESS 11356 Bedford Oaks Drive	D
4.4 CITY-ST-ZIP Jacksonville, FL 32225	
5.1 TITLE Board Member	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME Jane Carr	
5.3 STREET ADDRESS 1822 Willowood	D
5.4 CITY-ST-ZIP Jacksonville, FL 32225	
6.1 TITLE Board Member	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME Phyllis Swenson	
6.3 STREET ADDRESS 11400 Bedford Oaks Drive	D
6.4 CITY-ST-ZIP Jacksonville, FL 32225	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 617.0502, 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; I am an officer or director of the corporation or the receiver or trustee empowered to execute this report under the provisions of Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **MaryAnn Conner, Treasurer** *MaryAnn Conner* **Jan. 14, 1997**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE

14023 Tontaine Road Jax, FL 32225
904-646-3263

CR2E037 (9/96)