


**FILE NOW: FILING FEE IS \$61.25**

**FILED**  
**Apr 17 1998 8:00am**  
**Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 736472 (2)**  
 1. Corporation Name  
**SHADOWOOD COMMUNITY ASSOCIATION, INC.**



Principal Place of Business <b>1901 MONUMENT ROAD JACKSONVILLE FL 32225-2401 US</b>	Mailing Address <b>1931 SHADOWOOD PARK DR JACKSONVILLE FL 32225-2401 US</b>
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3. Date Incorporated or Qualified <b>07/27/1976</b>	
4. FEI Number <b>59-1755559</b>	Applied For <input type="checkbox"/> Not Applicable

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

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

**9. Name and Address of Current Registered Agent**

**BROOKS, MICHAEL E  
437 EAST MONROE STREET  
JACKSONVILLE FL 32202**

**10. Name and Address of New Registered Agent**

<b>81</b> Name	Same
<b>82</b> Street Address (P.O. Box Number is Not Acceptable)	
<b>83</b>	
<b>84</b> City	FL <b>85</b> 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 \_\_\_\_\_ DATE \_\_\_\_\_  
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 <b>PD</b>	<b>GREEN, JOHN W.</b> 11409 WHITE BAY LANE JACKSONVILLE FL	1.1 TITLE Same	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <b>VPD</b>	<b>ESCOTT, JAMES</b> 11352 WHITE BAY LANE JACKSONVILLE FL	2.1 TITLE Same	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <b>SD</b>	<b>BERRY, JOAN</b> 11415 WHITE BAY LANE JACKSONVILLE FL	3.1 TITLE Same	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <b>TD</b>	<b>CONNER, MARYANN</b> 11358 BEDFORD OAKS DRIVE JACKSONVILLE FL	4.1 TITLE Same	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <b>BMD</b>	<b>CARR, JANE</b> 1822 WILLOWOOD JACKSONVILLE FL	5.1 TITLE Glenda Mainor	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <b>BMD</b>	<b>SWENSON, PHYLLIS</b> 11400 BEDFORD OAKS DRIVE JACKSONVILLE FL	6.1 TITLE Pamela Pavlick	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

1.2 NAME	Same
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.2 NAME	Same
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.2 NAME	Same
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.2 NAME	Same
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.2 NAME	11418 White Bay Lane
5.3 STREET ADDRESS	Jacksonville, FL 32225
5.4 CITY-ST-ZIP	
6.2 NAME	14023 Tontaine Road
6.3 STREET ADDRESS	Jacksonville FL 32225
6.4 CITY-ST-ZIP	

14. I 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:** *Mary Ann Conner* **Mary Ann Conner** April 8, 1998 904-646-3263

CR2E037 (10/97)