


FILE NOW: FILING FEE IS \$61.25

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Feb 21, 1999 8:00 am  
Secretary of State

02-21-1999 90040 019 \*\*\*\*61.25

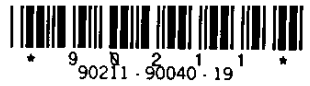
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NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 736472**

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

Principal Place of Business 1901 MONUMENT ROAD JACKSONVILLE FL 32225-2401 US	Mailing Address 1901 SHADOWOOD PARK DR JACKSONVILLE FL 32225-2401 US
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2. Principal Place of Business 21 <u>Same</u> Suite, Apt. #, etc.	2a. Mailing Address 26 <u>Same</u> Suite, Apt. #, etc.	3. Date Incorporated or Qualified 07/27/1976
22 City & State	27 City & State	4. FEI Number 59-1755559 Applied For <input type="checkbox"/> Not Applicable
23 Zip	28 Zip	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
24 Country	29 Country	6. Election Campaign Financing <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>

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

81 Name N/A

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 applicable) DATE 1-5-99

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	GREEN, JOHN W.	
STREET ADDRESS	11409 WHITE BAY LANE	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	ESCOTT, JAMES	
STREET ADDRESS	11352 WHITE BAY LANE	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	BERRY, JOAN	
STREET ADDRESS	11415 WHITE BAY LANE	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	CONNER, MARYANN	
STREET ADDRESS	11356 BEDFORD OAKS DRIVE	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	BMD	<input checked="" type="checkbox"/> DELETE
NAME	GLENDA MAINOR	
STREET ADDRESS	11418 WHITE BAY LN	
CITY-ST-ZIP	JACKSONVILLE FL 32225	
TITLE	BMD	<input type="checkbox"/> DELETE
NAME	PAMELA PAVLICK	
STREET ADDRESS	14023 TONTAINE RD	
CITY-ST-ZIP	JACKSONVILLE FL 32225	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	TRACY IHLE	
1.3 STREET ADDRESS	1912 Willowood DR	
1.4 CITY-ST-ZIP	JACKSONVILLE FL 32225	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
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 type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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, with all other like empowered.

SIGNATURE: MaryAnn Conner **RECEIVED** MaryAnn Conner 904-646-3263  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date 1-5-99 Daytime Phone #

CR2E037 (1/98)