

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 736472
1. Entity Name Shadowood Community Association, Inc.

1931 Shadowood Park Dr. Jacksonville, FL 32225
Principal Place of Business Mailing Address

2. Principal Place of Business 3. Mailing Address
Suite, Apt. #, etc. Suite, Apt. #, etc.
City & State City & State
Zip Country Zip Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1755559 Applied For Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
7. Name and Address of New Registered Agent
Name Phyllis R. Swenson
Street Address (P.O. Box Number is not acceptable)
11400 Bedford Oaks Dr.
City Jacksonville FL Zip Code 32225

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.
SIGNATURE Phyllis R. Swenson 8-15-01
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering) DATE

9. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
Make Check Payable to Department of State

10. 7-99 - 1.00 OFFICERS AND DIRECTORS		11. 7-01 - 6.02 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE President NAME John W. Green STREET ADDRESS 1678 Rusty Rail Rd. CITY-ST-ZIP Jacksonville, FL 32225	<input type="checkbox"/> Delete	TITLE D Michael Vasko NAME D STREET ADDRESS 11405 White Bay Ln CITY-ST-ZIP Jacksonville, FL 32225 PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE Vice-President NAME Gaynelle Cochran STREET ADDRESS 1824 Powder Springs Dr. CITY-ST-ZIP Jacksonville, FL 32225	<input type="checkbox"/> Delete	TITLE D V-President NAME D STREET ADDRESS 11412 White Bay Ln CITY-ST-ZIP Jacksonville, FL 32225	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE Treasurer NAME Mary Ann Conner STREET ADDRESS 11356 Bedford Oaks Dr. CITY-ST-ZIP Jacksonville, FL 32225	<input type="checkbox"/> Delete	TITLE D Treasurer NAME D STREET ADDRESS Phyllis Swenson CITY-ST-ZIP 11400 Bedford Oaks Dr. Jacksonville FL 32225	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE Secretary NAME Patricia Ecosta STREET ADDRESS 11352 Bedford Oaks Dr. CITY-ST-ZIP Jacksonville, FL 32225	<input type="checkbox"/> Delete	TITLE D Secretary NAME D STREET ADDRESS Susan Sorg CITY-ST-ZIP 1908 Willowood Dr. Jacksonville FL 32225	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Michael C Vasko
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date June 22, 2001

CR2E037 (11/00)



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State

Attachment
DH 736472
~~_____~~
~~_____~~
11942

May 7, 2001

SHADOWOOD COMMUNITY ASSOCIATION, INC.
11356 BEDFORD OAKS DRIVE
C/O MARY ANN CONNOR
JACKSONVILLE, FL 32225 US

SUBJECT: SHADOWOOD COMMUNITY ASSOCIATION, INC.
Ref. Number: 736472

We have received your document for SHADOWOOD COMMUNITY ASSOCIATION, INC., however, upon receipt of your document no check was enclosed. Please send a check or money order payable to the Department of State for \$61.25.

The fee to file the enclosed nonprofit annual report/uniform business report is \$61.25. If a certificate of status is desired, please add an additional \$8.75.

Due to the volume of mail received in this office both the annual report/uniform business report and the filing fee must be received by our office together in order to be processed.

After the corrections have been made, please return the report to: Division of Corporations, Annual Report/Uniform Business Report Section, P.O. Box 6327, Tallahassee, Florida 32314 within 30 days from the date of this letter:

If you have any questions concerning the filing of your document, please call (850) 487-6059.

Tyrone Scott
Document Specialist

Letter Number: 301A00026949

~~Pres. Jim [unclear]~~
~~V.P. G. Cash~~
~~Td. Mac~~
~~Sec. Pat. Eosta~~

6/14/01
Spoke with Tyrone Scott.
He said there would be
no penalty for late filing
since we did not receive the
form in January 2001 for year 2001.
He said we could wait until
after homeowner meeting June 7 to file
with new officers listed.

Division of Corporations - P.O. BOX 6327 -Tallahassee, Florida 32314 *MaryAnn Connor*