


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Mar 04, 1999 8:00 am**  
**Secretary of State**

03-04-1999 90212 049 \*\*\*\*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 # 736753**

1. Corporation Name  
**SHADOW BROOK CONDOMINIUM OWNER'S ASSOCIATION, INC.**

Principal Place of Business 6710 ELLENTON-GILLETTE RD. PALMETTO FL 34220 US	Mailing Address P.O. 126 PALMETTO FL 34220-126 US
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 09/07/1976
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-1947686
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
FREEDOM MANAGEMENT SERVICES INC 419-OLD MAIN ST BRADENTON FL 34205		SEE CHANGE OF ADDRESS → 1905 MANATEE AVE W. BRADENTON FL 34205	

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) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD NAME KUNZIE, JOHN STREET ADDRESS 6710 ELLENTON-GILLETTE RD #10 CITY-ST-ZIP PALMETTO FL	<input checked="" type="checkbox"/> DELETE	1.1 TITLE At Large 1.2 NAME Patsy Marshall 1.3 STREET ADDRESS 6710 Ellenton-Gillette #197 1.4 CITY-ST-ZIP PALMETTO, FL	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE P.O. NAME HORN, HOWARD STREET ADDRESS 6710 ELLENTON-GILLETTE RD #177 139 CITY-ST-ZIP PALMETTO FL	<input type="checkbox"/> DELETE	2.1 TITLE PO 2.2 NAME Horn, Howard 2.3 STREET ADDRESS 6710 Ellenton-Gillette # 139 2.4 CITY-ST-ZIP PALMETTO, FL.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE COB NAME LEBDA, GERRY STREET ADDRESS 6710 ELLENTON GILLETTE #177 CITY-ST-ZIP PALMETTO FL 34221	<input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE TD NAME HELLHAKE, ELIZABETH STREET ADDRESS 6710 ELLENTON-GILLETTE RD #13 CITY-ST-ZIP PALMETTO FL	<input checked="" type="checkbox"/> DELETE	4.1 TITLE Treasurer 4.2 NAME Frank DuWois 4.3 STREET ADDRESS 6710 Ellenton Gillette #362 4.4 CITY-ST-ZIP PALMETTO FL.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE V.P.D. NAME RAPP, WILLIAM STREET ADDRESS 6710 ELLENTON-GILLETTE RD #13 CITY-ST-ZIP PALMETTO FL	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D NAME PHILLIPS, PHYLLIS STREET ADDRESS 6710 ELLENTON-GILLETTE RD #179 CITY-ST-ZIP PALMETTO FL	<input checked="" type="checkbox"/> DELETE	6.1 TITLE Asst. Treas. 6.2 NAME Margaret Townsend 6.3 STREET ADDRESS 6710 Ellenton-Gillette #229 6.4 CITY-ST-ZIP PALMETTO FL	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

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: Katherine Harris Date: 2-13-99

CR2E037 (11/98)