

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 741033 (5)

1. Corporation Name

SHADOWOOD HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business Mailing Address
P.O. BOX 790 HOMOSASSA SPRINGS FL 34447 US
P.O. BOX 790 HOMOSASSA SPRINGS FL 34447 US

3. Date Incorporated or Qualified **12/13/1977** 3a. Date of Last Report **03/10/1995**

21	2. Principal Place of Business	26	2a. Mailing Address	4.	FEI Number	Applied For
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.	5.	59-1753124	Not Applicable
23	City & State	28	City & State	6.	Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
24	Zip	29	Zip	7.	Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
25	Country	30	Country	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

**SAMUELSON, ALBERT
11428 W CLUBVIEW DR
HOMOSASSA FL 34448**

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent Signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP <input type="checkbox"/> DELETE	1.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SAMUELSON, ALBERT	1.2 NAME	TRAVIS, KEVIN
STREET ADDRESS	11428 W CLUBVIEW DR	1.3 STREET ADDRESS	11449 W. RIVERHAVEN DR.
CITY - ST - ZIP	HOMOSASSA FL	1.4 CITY - ST - ZIP	HOMOSASSA, FL 34448
TITLE	DV <input type="checkbox"/> DELETE	2.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CARTER, JOSEPH	2.2 NAME	SIMMONS, CHESTER
STREET ADDRESS	11532 W CLUBVIEW DR	2.3 STREET ADDRESS	11569 W. RIVERHAVEN DR.
CITY - ST - ZIP	HOMOSASSA FL	2.4 CITY - ST - ZIP	HOMOSASSA, FL. 34448
TITLE	DS <input type="checkbox"/> DELETE	3.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MCPHERSON, DORIS	3.2 NAME	CARTER, GLORIA
STREET ADDRESS	11424 W CLUBVIEW DR	3.3 STREET ADDRESS	11695 W. RIVERHAVEN DR
CITY - ST - ZIP	HOMOSASSA FL	3.4 CITY - ST - ZIP	HOMOSASSA, FL 34448
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MARTIN, DAVID	4.2 NAME	BISHOP, BERNARD
STREET ADDRESS	11490 W. CLUBVIEW DR	4.3 STREET ADDRESS	11671 W. RIVERHAVEN DR
CITY - ST - ZIP	HOMOSASSA FL	4.4 CITY - ST - ZIP	HOMOSASSA, FL. 34448
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	
NAME	LAURANCE, MILLIE	5.2 NAME	
STREET ADDRESS	5243 SO VIEW PT	5.3 STREET ADDRESS	
CITY - ST - ZIP	HOMOSASSA FL	5.4 CITY - ST - ZIP	
TITLE	DT <input type="checkbox"/> DELETE	6.1 TITLE	
NAME	CAIN, EARL	6.2 NAME	
STREET ADDRESS	11509 W RIVERHAVEN DRIVE	6.3 STREET ADDRESS	
CITY - ST - ZIP	HOMOSASSA FL	6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *Earl A. Cain* EARL A. CAIN

3/14/96 (352) 628-7089

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date:

Day/Time Phone #

CR2E037 (12/95)