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Feb 28 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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 34447-0790
US

3. Date Incorporated or Qualified
12/13/1977

3a. Date of Last Report
03/18/1996

2. Principal Place of Business

2a. Mailing Address

4. FEI Number

Applied For

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

59-1753124

Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired

\$8.75 Additional Fee Required

23 Zip

Country

28 Zip

Country

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

24

25

29

30

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SAMUELSON, ALBERT
11428 W CLUBVIEW DR
HOMOSASSA FL 34448

81 Name WHITAKER, ALVIE

82 Street Address (P.O. Box Number is Not Acceptable)
11420 W. CLUBVIEW DR

83

84 City HOMOSASSA

FL

85 Zip Code 34448

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 *Alvie Whitaker*

DATE FEB 24, 1997

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 checked="" type="checkbox"/> DELETE
NAME	SAMUELSON, ALBERT	
STREET ADDRESS	11428 W CLUBVIEW DR	
CITY - ST - ZIP	HOMOSASSA FL	
TITLE	DV	<input checked="" type="checkbox"/> DELETE
NAME	CARTER, JOSEPH	
STREET ADDRESS	11532 W CLUBVIEW DR	
CITY - ST - ZIP	HOMOSASSA FL	
TITLE	DS	<input checked="" type="checkbox"/> DELETE
NAME	MCPHERSON, DORIS	
STREET ADDRESS	11424 W CLUBVIEW DR	
CITY - ST - ZIP	HOMOSASSA FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MARTIN, DAVID	
STREET ADDRESS	11490 W. CLUBVIEW DR	
CITY - ST - ZIP	HOMOSASSA FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	TRAVIS, KEVIN	
STREET ADDRESS	11449 W RIVERHAVEN DR	
CITY - ST - ZIP	HOMOSASSA FL	
TITLE	DT	<input type="checkbox"/> DELETE
NAME	CAIN, EARL	
STREET ADDRESS	11509 W RIVERHAVEN DRIVE	
CITY - ST - ZIP	HOMOSASSA FL	

1.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	WHITAKER, ALVIE	
1.3 STREET ADDRESS	11420 W. CLUBVIEW DR	
1.4 CITY - ST - ZIP	HOMOSASSA, FL 34448	
2.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	BISHOP, BOWARD	
2.3 STREET ADDRESS	11671 W. RIVERHAVEN DR.	
2.4 CITY - ST - ZIP	HOMOSASSA, FL. 34448	
3.1 TITLE	SECRETARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	HATCHER, CAROL	
3.3 STREET ADDRESS	11651 W. RIVERHAVEN DR.	
3.4 CITY - ST - ZIP	HOMOSASSA, FL. 34448	
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	V	<input type="checkbox"/> Change <input checked="" 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 do 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:

Earl A. Cain EARL A. CAIN

DATE 2/2/97 (352) 628-7089

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone # 0055218

CR2E037 (9/96)