

**FILE NOW: FILING FEE IS \$61.25**

**FILED**

**Mar 27 1998 8:00am  
Secretary of State**

|   |   |   |
|---|---|---|
| NONPROFIT CORPORATION<br>ANNUAL REPORT<br><b>1998</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Sandra B. Mortham</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|---|---|---|

**DOCUMENT # 741033 (5)**  
1. Corporation Name  
**SHADOWOOD HOMEOWNERS ASSOCIATION, INC.**



|  |  |
|--|--|
| Principal Place of Business<br><b>P.O. BOX 790<br/>HOMOSASSA SPRINGS FL 34447<br/>US</b> | Mailing Address<br><b>P.O. BOX 790<br/>HOMOSASSA SPRINGS FL 34447<br/>US</b> |
|--|--|

|   |  |
|---|--|
| 3. Date Incorporated or Qualified<br><b>12/13/1977</b>  |  |
| 4. FEI Number<br><b>59-1753124</b>  | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/>   | <b>\$8.75 Additional Fee Required</b>                  |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>   | <b>\$5.00 May Be Added to Fees</b>                     |
| 7. Is this nonprofit corporation a homeowners association?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No                                       |  |
| 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |  |

|                                 |                         |
|---------------------------------|-------------------------|
| 21. Principal Place of Business | 2a. Mailing Address     |
| 22. Suite, Apt. #, etc.         | 26. Suite, Apt. #, etc. |
| 23. City & State                | 27. City & State        |
| 24. Zip                         | 28. Zip                 |
| 25. Country                     | 29. Country             |
| 30. Country                     |                         |

9. Name and Address of Current Registered Agent  
**WHITAKER, ALVIE  
11420 W CLUBVIEW DR  
HOMOSASSA FL 34448**

10. Name and Address of New Registered Agent

|   |                              |
|---|------------------------------|
| 81. Name<br><b>FOSTER, WILLIS</b>   |                              |
| 82. Street Address (P.O. Box Number is Not Acceptable)<br><b>11448 W. CLUBVIEW DR</b> |                              |
| 83. City<br><b>HOMOSASSA</b>  |                              |
| 84. State<br><b>FL</b>  | 85. Zip Code<br><b>34448</b> |

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 *Willis B. Foster* **March 23, 1998**  
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<br><b>P</b>                                 | <input checked="" type="checkbox"/> DELETE | 1.1 TITLE<br><b>P</b>                                 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME<br><b>WHITAKER, ALVIE</b>                    |  | 1.2 NAME<br><b>FOSTER, WILLIS</b>                     |  |
| STREET ADDRESS<br><b>11420 W CLUBVIEW DR</b>      |  | 1.3 STREET ADDRESS<br><b>11448 W. CLUBVIEW DR</b>     |  |
| CITY-ST-ZIP<br><b>HOMOSASSA FL</b>                |  | 1.4 CITY-ST-ZIP<br><b>HOMOSASSA, FL, 34448</b>        |  |
| TITLE<br><b>D</b>                                 | <input type="checkbox"/> DELETE            | 2.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME<br><b>BISHOP, BERNARD</b>                    |  | 2.2 NAME  |  |
| STREET ADDRESS<br><b>11871 W RIVERHAVEN DR</b>    |  | 2.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP<br><b>HOMOSASSA FL</b>                |  | 2.4 CITY-ST-ZIP                                       |  |
| TITLE<br><b>S</b>                                 | <input type="checkbox"/> DELETE            | 3.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME<br><b>HATCHER, CAROL</b>                     |  | 3.2 NAME  |  |
| STREET ADDRESS<br><b>11851 W RIVERHAVEN DR</b>    |  | 3.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP<br><b>HOMOSASSA FL</b>                |  | 3.4 CITY-ST-ZIP                                       |  |
| TITLE<br><b>D</b>                                 | <input checked="" type="checkbox"/> DELETE | 4.1 TITLE<br><b>D</b>                                 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME<br><b>MARTIN, DAVID</b>                      |  | 4.2 NAME<br><b>RUSSET, SUSAN</b>                      |  |
| STREET ADDRESS<br><b>11490 W. CLUBVIEW DR</b>     |  | 4.3 STREET ADDRESS<br><b>11432 W. CLUBVIEW DR.</b>    |  |
| CITY-ST-ZIP<br><b>HOMOSASSA FL</b>                |  | 4.4 CITY-ST-ZIP<br><b>HOMOSASSA, FL, 34448</b>        |  |
| TITLE<br><b>V</b>                                 | <input checked="" type="checkbox"/> DELETE | 5.1 TITLE<br><b>V</b>                                 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME<br><b>TRAVIS, KEVIN</b>                      |  | 5.2 NAME<br><b>TRAVIS, LINDA</b>                      |  |
| STREET ADDRESS<br><b>11449 W RIVERHAVEN DR</b>    |  | 5.3 STREET ADDRESS<br><b>11449 W. RIVERHAVEN DR</b>   |  |
| CITY-ST-ZIP<br><b>HOMOSASSA FL</b>                |  | 5.4 CITY-ST-ZIP<br><b>HOMOSASSA, FL, 34448</b>        |  |
| TITLE<br><b>DT</b>                                | <input type="checkbox"/> DELETE            | 6.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME<br><b>CAIN, EARL</b>                         |  | 6.2 NAME  |  |
| STREET ADDRESS<br><b>11509 W RIVERHAVEN DRIVE</b> |  | 6.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP<br><b>HOMOSASSA FL</b>                |  | 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.

SIGNATURE *Willis B. Foster* **WILLIS B. FOSTER**  
MAR 5 1998 (3K2) 628-5275

CR2E037 (10/97)