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FILED

Mar 27 1998 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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 P.O. BOX 790  
HOMOSASSA SPRINGS FL 34447 HOMOSASSA SPRINGS FL 34447  
US US

3. Date Incorporated or Qualified

12/13/1977

4. FEI Number

59-1753124

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 25 29 30

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

\$5.00 May Be  
Added to Fees

7. Is this nonprofit corporation a homeowners association?

☒ Yes ☐ No

8. This corporation owes or has paid the current year intangible  
Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WHITAKER, ALVIE  
11420 W CLUBVIEW DR  
HOMOSASSA FL 34448

81 Name FOSTER, WILLIS

82 Street Address (P.O. Box Number is Not Acceptable)  
11448 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

March 23, 1998

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P ☒ DELETE  
NAME WHITAKER, ALVIE  
STREET ADDRESS 11420 W CLUBVIEW DR  
CITY-ST-ZIP HOMOSASSA FL

1.1 TITLE P ☒ Change ☐ Addition  
1.2 NAME FOSTER, WILLIS  
1.3 STREET ADDRESS 11448 W. CLUBVIEW DR  
1.4 CITY-ST-ZIP HOMOSASSA, FL. 34448

TITLE D ☐ DELETE  
NAME BISHOP, BERNARD  
STREET ADDRESS 11871 W RIVERHAVEN DR  
CITY-ST-ZIP HOMOSASSA FL

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE S ☐ DELETE  
NAME HATCHER, CAROL  
STREET ADDRESS 11851 W RIVERHAVEN DR  
CITY-ST-ZIP HOMOSASSA FL

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE D ☒ DELETE  
NAME MARTIN, DAVID  
STREET ADDRESS 11490 W. CLUBVIEW DR  
CITY-ST-ZIP HOMOSASSA FL

4.1 TITLE D ☒ Change ☐ Addition  
4.2 NAME RUSSET, SUSAN  
4.3 STREET ADDRESS 11432 W. CLUBVIEW DR.  
4.4 CITY-ST-ZIP HOMOSASSA, FL. 34448

TITLE V ☒ DELETE  
NAME TRAVIS, KEVIN  
STREET ADDRESS 11449 W RIVERHAVEN DR  
CITY-ST-ZIP HOMOSASSA FL

5.1 TITLE V ☒ Change ☐ Addition  
5.2 NAME TRAVIS, LINDA  
5.3 STREET ADDRESS 11449 W. RIVERHAVEN DR  
5.4 CITY-ST-ZIP HOMOSASSA, FL. 34448

TITLE DT ☐ DELETE  
NAME CAIN, EARL  
STREET ADDRESS 11509 W RIVERHAVEN DRIVE  
CITY-ST-ZIP HOMOSASSA FL

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
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.

WILLIS B. FOSTER

MAR 5 1998 (3K2) 628-5275

CR2E037 (10/97)