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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 741033

1. Corporation Name
SHADOWOOD HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business P.O. BOX 790 HOMOSASSA SPRINGS FL 34447 US	Mailing Address P.O. BOX 790 HOMOSASSA SPRINGS FL 34447 US
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 12/13/1977
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.	4. FEI Number 59-1753124
23 City & State	28 City & State	Applied For Not Applicable
24 Zip	25 Country	29 Zip
26 Country	30	5. Certificate of Status Desired <input type="checkbox"/>
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent

FOSTER, WILLIS
1448 W CLUBVIEW DR
HOMOSASSA FL 34448

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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 _____ (NOT: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	FOSTER, WILLIS	
STREET ADDRESS	11448 W CLUBVIEW DR	
CITY-ST-ZIP	HOMOSASSA FL 34448	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	BISHOP, BERNARD	
STREET ADDRESS	11671 W RIVERHAVEN DR	
CITY-ST-ZIP	HOMOSASSA FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	HATCHER, CAROL	
STREET ADDRESS	11651 W RIVERHAVEN DR	
CITY-ST-ZIP	HOMOSASSA FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	RUSSET, SUSAN	
STREET ADDRESS	11432 W CLUBVIEW DR	
CITY-ST-ZIP	HOMOSASSA FL 34448	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	TRAVIS, LINDA	
STREET ADDRESS	11449 W RIVERHAVEN DR	
CITY-ST-ZIP	HOMOSASSA FL 34448	
TITLE	DT	<input checked="" type="checkbox"/> DELETE
NAME	CAIN, EARL	
STREET ADDRESS	11509 W RIVERHAVEN DRIVE	
CITY-ST-ZIP	HOMOSASSA FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<i>Raymond B</i>
1.3 STREET ADDRESS	<i>RAYMER, RAYMOND</i>
1.4 CITY-ST-ZIP	<i>11625 W RIVERHAVEN</i>
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<i>QUEAIDEL, VIOCE</i>
2.3 STREET ADDRESS	<i>11575 W RIVERHAVEN</i>
2.4 CITY-ST-ZIP	<i>HOMOSASSA FL 34448</i>
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	<i>WARD, WILLIAM</i>
3.3 STREET ADDRESS	<i>11460 W CLUBVIEW DR</i>
3.4 CITY-ST-ZIP	<i>HOMOSASSA FL 34448</i>
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	<i>J. Jeannette</i>
4.3 STREET ADDRESS	<i>MOORE, JEANNETTE</i>
4.4 CITY-ST-ZIP	<i>5221 S. VIEW PT -</i>
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	<i>HOMOSASSA FL 34448</i>
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	<i>AMICK, LUCILLE</i>
6.3 STREET ADDRESS	<i>11611 RIVERHAVEN DR</i>
6.4 CITY-ST-ZIP	<i>HOMOSASSA FL 34448</i>

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: *LUCILLE AMICK* DATE: *4/16/99* TIME: *3:52(628-5706)*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____ DATE _____ DAYTIME PHONE # _____

CR2E037 (1/98)