

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 741033

1. Entity Name

SHADOWOOD HOMEOWNERS ASSOCIATION, INC.

**FILED**  
**Apr 11, 2000 8:00 am**  
**Secretary of State**

04-11-2000 90001 039 \*\*\*\*61.25

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1753124

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FOSTER, WILLIS  
1448 W CLUBVIEW DR  
HOMOSASSA FL 34448

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to**  
**Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
P  
FOSTER, WILLIS  
11448 W CLUBVIEW DR  
HOMOSASSA FL 34448 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
V  
BAYMER, RAYMOND  
11625 W RIVERHAVEN  
HOMOSASSA FL 34468 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
S  
HATCHER, CAROL  
11651 W RIVERHAVEN DR  
HOMOSASSA FL ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
S  
MAIN, ELAINE  
11583 W. RIVERHAVEN DR  
HOMOSASSA FL 34448 ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
RUSSET, SUSAN  
11432 W CLUBVIEW DR  
HOMOSASSA FL 34448 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
QUERIDEL, VINCE  
11575 W RIVERHAVEN  
HOMOSASSA FL 34448 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
MOORE, Jeanette  
5221 S River Pt  
HOMOSASSA FL 34448 ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
WARDELL, WILLIAM  
11460 W CLOBVIEW DR  
HOMOSASSA FL 34448 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Jonathan Amick*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)

Attach  
C0056512  
# 741033

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Corporation Annual Report

Continuation of Officers & Directors:

Treasurer:

Amick, Lucille

11611 RIVERDAVE DR

DOMINGASSA FL 34448

Director:

HARRIS, Helen

11436 W. CLUBVIEW DR.

DOMINGASSA, FL 34448