

2000 UNIFORM BUSINESS REPORT (UBR)

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

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

DOCUMENT # 741033

1. Entity 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 34447-0790 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-1753124	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required.	

6. Name and Address of Current Registered Agent
FOSTER, WILLIS
1448 W CLUBVIEW DR
HOMOSASSA FL 34448

7. Name and Address of New Registered Agent
 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FOSTER, WILLIS 11448 W CLUBVIEW DR HOMOSASSA FL 34448	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BAYMER, RAYMOND 11625 W RIVERHAVEN HOMOSASSA FL 34468	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HATCHER, CAROL 11651 W RIVERHAVEN DR HOMOSASSA FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RUSSET, SUSAN 11432 W CLUBVIEW DR HOMOSASSA FL 34448	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D QUERIDEL, VINCE 11575 W RIVERHAVEN HOMOSASSA FL 34448	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WARDELL, WILLIAM 11460 W CLOBVIEW DR HOMOSASSA FL 34448	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition S. MAIN, ELBAINE 11583 W. RIVERHAVEN DR. HOMOSASSA FL 34448
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition D. MOORE, Jeanette 5221 S'riew PT HOMOSASSA FL 34448
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Lucille Amiek* 3/20/2000 352-628-5706
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 RIVERHAVEN DR
DOMO SASSA FL 34448

Director:

HARRIS, Helen
11436 W. CLUBVIEW DR.
DOMO SASSA, FL 34448