

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 03, 2001 8:00 am
Secretary of State

05-03-2001 91111 028 ****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
 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



DO NOT WRITE IN THIS SPACE

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 **Raymond Brymer**
 Street Address (P.O. Box Number is Not Acceptable)
11625 W RIVERHAVEN DR
HOMOSASSA FL 34448
 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 *Raymond Brymer*

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

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	FOSTER, WILLIS	
STREET ADDRESS	11448 W CLUBVIEW DR	
CITY-ST-ZIP	HOMOSASSA FL 34448	
TITLE	V BRYMER	<input type="checkbox"/> Delete
NAME	BRYMER, RAYMOND	
STREET ADDRESS	11625 W RIVERHAVEN	
CITY-ST-ZIP	HOMOSASSA FL 34468	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	MAIN, ELAINE	
STREET ADDRESS	11583 W RIVERHAVEN DR	
CITY-ST-ZIP	HOMOSASSA FL 34448	
TITLE	D	<input type="checkbox"/> Delete
NAME	MOORE, JEANNETTE	
STREET ADDRESS	5221 S VIEW PT	
CITY-ST-ZIP	HOMOSASSA FL 34448	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	QUERIDEL, VINCE	
STREET ADDRESS	11575 W RIVERHAVEN	
CITY-ST-ZIP	HOMOSASSA FL 34448	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	WARDELL, WILLIAM	
STREET ADDRESS	11460 W CLOBVIEW DR	
CITY-ST-ZIP	HOMOSASSA FL 34448	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Gideon Nelson	
STREET ADDRESS	11420 W. Clubview Dr	
CITY-ST-ZIP	HOMOSASSA FL 34448	
TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Raymond Brymer	
STREET ADDRESS	11625 W RIVERHAVEN	
CITY-ST-ZIP	HOMOSASSA FL 34448	
TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Nancy Mahoney	
STREET ADDRESS	11687 W. RIVERHAVEN DR	
CITY-ST-ZIP	HOMOSASSA FL 34448	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Neled Harris	
STREET ADDRESS	11436 W. Clubview Dr	
CITY-ST-ZIP	HOMOSASSA FL 34448	
TITLE	TREASURER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Lucille Amick	
STREET ADDRESS	11611 RIVERHAVEN DR	
CITY-ST-ZIP	HOMOSASSA FL 34448	
TITLE	D.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Pearlie KREVICKY	
STREET ADDRESS	11667 RIVERHAVEN DR	
CITY-ST-ZIP	HOMOSASSA FL 34448	

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 Amick* **Lucille Amick** 4/15/01 352-628-9706
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)