

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 17, 2003 8:00 am
Secretary of State

03-17-2003 90688 039 ****61.25

DOCUMENT # 741033

1. Entity Name

SHADOWOOD HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business

Mailing Address

P.O. BOX 790
HOMOSASSA SPRINGS FL 34447
US

P.O. BOX 790
HOMOSASSA SPRINGS FL 34447
US



CHECK HERE IF MAKING CHANGES

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

HILGER, EARL
11639 W RIVERHAWK DRIVE
HOMOSASSA FL 34448

Name

Kenneth Rogers

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

11490 Clubview Drive

City

Homosassa

FL

Zip Code

34448

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Kenneth Rogers

3-13-03

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 Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE Delete
NAME **D NELSON, GIDEON**
STREET ADDRESS **11420 W CLOBVIEW DRIVE**
CITY-ST-ZIP **HOMOSASSA FL 34448**

TITLE Change Addition
NAME **PRESIDENT Kenneth Rogers**
STREET ADDRESS **11490 Clubview Drive**
CITY-ST-ZIP **Homosassa, FL 34448**

TITLE Delete
NAME **P HILGER, EARL**
STREET ADDRESS **11639 W RIVERHAVEN DR**
CITY-ST-ZIP **HOMOSASSA FL 34468**

TITLE Change Addition
NAME **Vice President Earl Hilger**
STREET ADDRESS **11639 W Riverhaven Drive**
CITY-ST-ZIP **Homosassa, FL 34448**

TITLE Delete
NAME **S MAHONEY, NANCY**
STREET ADDRESS **11687 W RIVERHAVEN DRIVE**
CITY-ST-ZIP **HOMOSASSA FL 34448**

TITLE Change Addition
NAME **Secretary Gloria Minear**
STREET ADDRESS **11511 Riverhaven Dr.**
CITY-ST-ZIP **Homosassa, FL 34448**

TITLE Delete
NAME **T PYLE, MARGIE**
STREET ADDRESS **11491 W RIVERHAVEN DR**
CITY-ST-ZIP **HOMOSASSA FL 34448**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME **D JACOB, DONNA**
STREET ADDRESS **11440 W CLUBVIEW DR**
CITY-ST-ZIP **HOMOSASSA FL 34448**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME **D KRENICKY, PEARLIE**
STREET ADDRESS **11667 RIVERHAVEN DRIVE**
CITY-ST-ZIP **HOMOSASSA FL 34448**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: *Margie Pyle*

03-13-03 353 621 9286

CR2E037 (10/02)