

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

APPROVED AND FILED

95 MAY -1 AM 8:49

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Monahan  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 743920 (1)  
1. Corporation Name  
SHADYWOODS HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business Mailing Address  
4500 SHADYWOOD DR DELRAY BEACH FL 33445  
4500 SHADYWOOD DR DELRAY BEACH FL 33445

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 08/15/1978 3a. Date of Last Report 03/22/1994

4. FEI Number 59-1912289 Applied For Not Applicable

5. Certificate of Status Desired  \$6.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status  \$68.75 Supplemental Fee Not Required

8. This corporation has liability for intangible tax under b. 199.032, Florida Statutes  Yes  No

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip Country 28 Zip Country

24 Zip Country 25 Zip Country 29 Zip Country 30 Zip Country

9. Name and Address of Current Registered Agent

RUBIN, STEVEN D  
980 N. FEDERAL HWY., #434  
BOCA RATON FL 33432

10. Name and Address of New Registered Agent

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

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when registering) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	TD
NAME	HARDENBERGH, THOMAS
STREET ADDRESS	4338 PALM FOREST DR S
CITY, ST, ZIP	DELRAY BEACH FL
TITLE	D
NAME	HALLERBERG, KARL
STREET ADDRESS	4094 PALM FOREST DR. S.
CITY, ST, ZIP	DELRAY BEACH FL
TITLE	PD
NAME	WALSH, RAY
STREET ADDRESS	4245 PALM FOREST DR S
CITY, ST, ZIP	DELRAY BEACH FL
TITLE	SD
NAME	CHIAVELLI, FRANK
STREET ADDRESS	3805 ARELIA DR N
CITY, ST, ZIP	DELRAY BEACH FL
TITLE	D
NAME	ANTOSIK, CHARLES
STREET ADDRESS	4105 PALM FOREST DR., S.
CITY, ST, ZIP	DELRAY BCH. FL
TITLE	VD
NAME	HAMILTON, D
STREET ADDRESS	4328 PALM FOREST DR., S.
CITY, ST, ZIP	DELRAY BEACH FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	PD BICE, Jean C. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	4150 Palm Forest Dr. N.
13 STREET ADDRESS	Delray Beach, Florida
14 CITY, ST, ZIP	
21 TITLE	VD GOGGIN, James F. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	3727 Arelia Drive S.
23 STREET ADDRESS	Delray Beach, Fl.
24 CITY, ST, ZIP	
31 TITLE	SD HARDENBERGH, Thomas <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	4338 Palm Forest Dr. S.
33 STREET ADDRESS	Delray Beach, Fl.
34 CITY, ST, ZIP	
41 TITLE	TD McCOLLOM, John S. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	3750 Arelia Drive N.
43 STREET ADDRESS	Delray Beach, Fl.
44 CITY, ST, ZIP	
51 TITLE	D HALLERBERG, Karl <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	4094 Palm Forest Drive S.
53 STREET ADDRESS	Delray Beach, Fl.
54 CITY, ST, ZIP	
61 TITLE	D PYTOSKY, Jack <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	3715 Arelia Drive N.
63 STREET ADDRESS	Delray Beach, Fl.
64 CITY, ST, ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.073(4), 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.

SIGNATURE: John S. McCollom, Treasurer (407) 499-0433  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
JOHN S. McCOLLOM  
24 April 1995