

FILE NOW: FILING FEE IS \$61.25

FILED

Jan 27 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 743920 (1)

1. Corporation Name

SHADYWOODS HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business

4500 SHADYWOOD DR
DELRAY BEACH FL 33445

Mailing Address

4500 SHADYWOOD DR
DELRAY BEACH FL 33445-5747

2. Principal Place of Business

21

Suite, Apt. #, etc.

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

City & State

27

Zip

Country

29

30

3. Date Incorporated or Qualified

08/15/1978

3a. Date of Last Report

03/19/1996

4. FEI Number

59-1912289

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution☐\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes☐

Yes

☐

No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input type="checkbox"/> DELETE
NAME	BICE, JEAN C.	
STREET ADDRESS	4150 PALM FOREST DR. N	
CITY-ST-ZIP	DELRAY BEACH FL	

TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	CHIAVELLI, FRANK	
STREET ADDRESS	3805 ARELIA DRIVE NORTH	
CITY-ST-ZIP	DELRAY BEACH FL	

TITLE	SD	<input type="checkbox"/> DELETE
NAME	THOMAS, FRANCIS J.	
STREET ADDRESS	3835 ARELIA DRIVESOUTH	
CITY-ST-ZIP	DELRAY BEACH FL	

TITLE	D	<input type="checkbox"/> DELETE
NAME	MCCOLLOM, JOHN S.	
STREET ADDRESS	3750 ARELIA DRIVE N.	
CITY-ST-ZIP	DELRAY BEACH FL	

TITLE	TD	<input type="checkbox"/> DELETE
NAME	MUSER, DANIEL	
STREET ADDRESS	3744 ARELIA DRIVE SOUTH	
CITY-ST-ZIP	DELRAY BEACH FL	

TITLE	D	<input type="checkbox"/> DELETE
NAME	PYTOSKY, JACK	
STREET ADDRESS	3715 ARELIA DRIVE N.	
CITY-ST-ZIP	DELRAY BEACH FL	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	

2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	VD
2.3 STREET ADDRESS	Edwin Weir, Edwin
2.4 CITY-ST-ZIP	4240 Palm Forest Drive North DeLray Beach FL

3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	

4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	

5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	

6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do 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 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:

 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/9/97 (56) 499-0469

Date

Daytime Phone # 0043201

CR2E037 (9/96)