

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 06 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
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3. Date Incorporated or Qualified 08/15/1978
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4. FEI Number 59-1912289	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
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2. Principal Place of Business 21	2a. Mailing Address 26
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
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6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
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City & State 23	City & State 28
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7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Zip 24	Country 25	Zip 29	Country 30
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8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent RUBIN, STEVEN D 980 N. FEDERAL HWY., #434 BOCA RATON FL 33432	
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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 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	<input checked="" type="checkbox"/> DELETE	1.1 TITLE PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BICE, JEAN C.		1.2 NAME Weir Edwin	
STREET ADDRESS 4150 PALM FOREST DR. N		1.3 STREET ADDRESS 4240 Palm Forest Dr. N	
CITY-ST-ZIP DELRAY BEACH FL		1.4 CITY-ST-ZIP Delray Beach Fl. 33445	
TITLE VD	<input checked="" type="checkbox"/> DELETE	2.1 TITLE VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME WEIR, EDWIN		2.2 NAME Drving Blatt	
STREET ADDRESS 4240 PALM FOREST DR N		2.3 STREET ADDRESS 3752 Arelia Drive South	
CITY-ST-ZIP DELRAY BEACH FL		2.4 CITY-ST-ZIP Delray Beach Fl. 33445	
TITLE SD	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME THOMAS, FRANCIS J.		3.2 NAME	
STREET ADDRESS 3835 ARELIA DRIVESOUTH		3.3 STREET ADDRESS	
CITY-ST-ZIP DELRAY BEACH FL		3.4 CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MCCOLLOM, JOHN S.		4.2 NAME	
STREET ADDRESS 3750 ARELIA DRIVE N.		4.3 STREET ADDRESS	
CITY-ST-ZIP DELRAY BEACH FL		4.4 CITY-ST-ZIP	
TITLE TD	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MUSER, DANIEL		5.2 NAME	
STREET ADDRESS 3744 ARELIA DRIVE SOUTH		5.3 STREET ADDRESS	
CITY-ST-ZIP DELRAY BEACH FL		5.4 CITY-ST-ZIP	
TITLE D	<input checked="" type="checkbox"/> DELETE	6.1 TITLE D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME PYTOSKY, JACK		6.2 NAME C.W. Macomber	
STREET ADDRESS 3715 ARELIA DRIVE N.		6.3 STREET ADDRESS 3737 Arelia Drive North	
CITY-ST-ZIP DELRAY BEACH FL		6.4 CITY-ST-ZIP Delray Beach Fl. 33445	

14. 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 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: Daniel Muser **Daniel Muser Treas.** 1-8-98 (561) 495-0792
Date Daytime Phone # 0043970

CR2E037 (10/97)