


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 11, 2005 8:00 am**  
**Secretary of State**

04-11-2005 90189 018 \*\*\*\*61.25

|   |   |  |  |   |  |
|---|---|--|--|---|--|
| <b>DOCUMENT # 743920</b>  |   |  |  |  |  |
| 1. Entity Name<br>SHADYWOODS HOMEOWNERS' ASSOCIATION, INC.  |   |  |  |   |  |
| Principal Place of Business<br>4500 SHADYWOOD DR<br>DELRAY BEACH, FL 33445  |   |  | Mailing Address<br>4500 SHADYWOOD DR<br>DELRAY BEACH, FL 33445     |   |  |
| 2. Principal Place of Business  |   |  | 3. Mailing Address   |   |  |
| Suite, Apt. #, etc.   |   |  | Suite, Apt. #, etc.  |   |  |
| City & State  |   |  | City & State   |   |  |
| Zip   |   | Country  | Zip  |   | Country  |
| 4. FEI Number<br>59-1912289   |   |  |  | Applied For<br>Not Applicable   |  |
| 5. Certificate of Status Desired <input type="checkbox"/>   |   |  |  | \$8.75 Additional Fee Required  |  |
| 6. Name and Address of Current Registered Agent   |   |  | 7. Name and Address of New Registered Agent                        |   |  |
| RUBIN, STEVEN D<br>980 N. FEDERAL HWY., #434<br>BOCA RATON, FL 33432  |   |  | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>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. I am familiar with, and accept the obligations of registered agent.   |   |  |  |   |  |
| SIGNATURE _____ DATE _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small>  |   |  |  |   |  |
| Filing Fee is \$61.25<br>Due by May 1, 2005   |   | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> |  | \$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<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | PD<br>LEVENSON, MICHAEL<br>2754 ARELIA DR. S.<br>DELRAY BEACH, FL 33445 | <input checked="" type="checkbox"/> Delete                                       | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                     | Gene P Davis PRESIDENT<br>4086 Palm Forest Dr S.<br>Delray Beach, Fl. 33445       | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | VPD<br>DAVIS, GENE<br>4086 PALM FOREST DR. S.<br>DELRAY BEACH, FL 33445 | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                     | JOSEPH MCMAHON-VPD<br>3078 ARELIA DR S<br>DELRAY BEACH FL 33445                   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | SD<br>KLEIN, SYLVIA<br>4325 PALM FOREST DR. N<br>DELRAY BEACH, FL 33445 | <input checked="" type="checkbox"/> Delete                                       | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                     | TO SECRETARY<br>LINDA O. HAYNES<br>3703 ARELIA DR.-N-<br>DELRAY BEACH, FL 33445   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | TD<br>BATTIN, RICHARD<br>3747 ARELIA DR. S<br>DELRAY BEACH, FL 33445    | <input checked="" type="checkbox"/> Delete                                       | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                     | TD<br>Janice K. Olson<br>3452 Arcelia Drive S<br>Delray Beach, FL 33445           | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |   | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                     |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |   | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                     |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 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 <i>Linda O. Haynes</i> LINDA O. HAYNES 4/6/05 (561)716-0968<br><small>SIGNATURE AND TYPED OR PRINTED NAME OF FILING OFFICER OR DIRECTOR Date Daytime Phone #</small>  |   |  |  |   |  |