

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Apr 05, 2006 8:00 am
Secretary of State

04-05-2006 90155 042 ****61.25



DOCUMENT # 743920

1. Entity 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



2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

1st MOORE

CR2E037 (10/05)

4. FEI Number

59-1912289

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

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

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 _____

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
Due By May 1, 2006

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

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	DAVIS, GENE P	
STREET ADDRESS	4086 PALM FOREST DR S	
CITY-ST-ZIP	DELRAY BEACH FL 33445	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	MCMAHON, JOSEPH	
STREET ADDRESS	3678 ARELIA DR S	
CITY-ST-ZIP	DELRAY BEACH FL 33445	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	HAYNES, LINDA O	
STREET ADDRESS	3703 ARELIA DR N	
CITY-ST-ZIP	DELRAY BEACH FL 33445	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	OLSON, JANICE K	
STREET ADDRESS	3952 ARELIA DR S	
CITY-ST-ZIP	DELRAY BEACH FL 33445	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JANICE K. OLSON	
STREET ADDRESS	3932 ARELIA DRIVE S	
CITY-ST-ZIP	DELRAY BEACH FL 33445	
TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DIANNE HARNER	
STREET ADDRESS	4307 PALM FOREST DR SO	
CITY-ST-ZIP	DELRAY BEACH FL 33445	
TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROSS VALLEY	
STREET ADDRESS	4144 PALM FOREST DR SO	
CITY-ST-ZIP	DELRAY BEACH FL 33445	
TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KATHYE TANNER	
STREET ADDRESS	4240 PALM FOREST DR SO	
CITY-ST-ZIP	DELRAY BEACH FL 33445	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Current P.O.B.
FORMER TEGAS.*

3-21-06

Date

Daytime Phone #