


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 31, 2008 8:00 am**  
**Secretary of State**

03-31-2008 90039 044 \*\*\*\*61.25

<b>DOCUMENT # 743920</b>			
1. Entity Name <b>SHADYWOODS HOMEOWNERS' ASSOCIATION, INC.</b>			
Principal Place of Business <b>4500 SHADYWOOD DR DELRAY BEACH FL 33445</b>		Mailing Address <b>4500 SHADYWOOD DR DELRAY BEACH FL 33445</b>	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent <b>RUBIN, STEVEN D 980 N. FEDERAL HWY., #434 BOCA RATON FL 33432</b>		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		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 _____ (NOTE: Registered Agent signature required when reinstating)			
DATE _____			



1st MOORE CR2E037 (10/07)

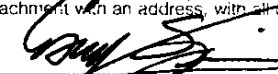
4. FEI Number <b>59-1912289</b>	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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<b>FILE NOW: FEE IS \$61.25</b> <b>Due By May 1, 2008</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees	Make Check Payable to <b>Florida Department of State</b>
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10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	TD	<input checked="" type="checkbox"/> Delete	TITLE	P D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TANNER, KATHY		NAME	Dominic Scaduto	
STREET ADDRESS	4240 PALM FOREST DR S		STREET ADDRESS	4326 Palm Forest Dr S.	
CITY-ST-ZIP	DELRAY BEACH FL 33445		CITY-ST-ZIP	DELRAY BEACH FL 33445	
TITLE	VPD	<input checked="" type="checkbox"/> Delete	TITLE	S R T D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HARNER, DIANNE		NAME	GARY SPLAIN	
STREET ADDRESS	4307 PALM FOREST DR S		STREET ADDRESS	4150 PALM FOREST DR N	
CITY-ST-ZIP	DELRAY BEACH FL 33445		CITY-ST-ZIP	DELRAY BEACH FL 33445	
TITLE	S	<input checked="" type="checkbox"/> Delete	TITLE	MARSHALL BROOKS D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	VALLEY, ROSS		NAME	DIRECTOR	
STREET ADDRESS	4144 PALM FOREST DR S		STREET ADDRESS	3850 ARELIA DR. S.	
CITY-ST-ZIP	DELRAY BEACH FL 33445		CITY-ST-ZIP	DELRAY BEACH FL 33445	
TITLE	P	<input checked="" type="checkbox"/> Delete	TITLE	DIRECTOR D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	OLSON, JANICE K		NAME	LINDA HAYNES	
STREET ADDRESS	3952 ARELIA DR S		STREET ADDRESS	3703 ARELIA DR N	
CITY-ST-ZIP	DELRAY BEACH FL 33445		CITY-ST-ZIP	DELRAY BEACH FL 33445	
TITLE		<input type="checkbox"/> Delete	TITLE	DIRECTOR D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	JOE MCMAHON	
STREET ADDRESS			STREET ADDRESS	3678 ARELIA DR S	
CITY-ST-ZIP			CITY-ST-ZIP	DELRAY BEACH FL 33445	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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:  **GARY SPLAIN Sec. Files 2/21/08 SH-381-4534**