


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 13, 2005 8:00 am
Secretary of State

05-13-2005 90229 010 ****61.25

DOCUMENT # 754684
 1. Entity Name
SHADYWOOD VILLAS HOMEOWNERS' ASSOCIATION, INC.



Principal Place of Business
**C/O MIAMI MANAGEMENT INC
 14275 SW 142 AVE
 MIAMI, FL 33186 US**

Mailing Address
**C/O MIAMI MANAGEMENT INC
 14275 SW 142 AVE
 MIAMI, FL 33186 US**

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State
 Zip Country

30052524
% 310240666666D &
 04282005 Chg-NP CR2E037 (10/03)

4. FEI Number
59-2022444

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**KOBRIN, DAVID A
 8900 SW 107 AVE
 SUITE 206
 MIAMI, FL 33176**

7. Name and Address of New Registered Agent
 Name **CARLOS A. TREAY**
 Street Address (P.O. Box Number is Not Acceptable)
3750 NW 87 AVENUE
 Suite **100**
 City **Doral** FL Zip Code **33178**

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 **4/28/05**

Signature, type or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

Filing Fee is \$61.25 Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make check payable to Florida Department of State

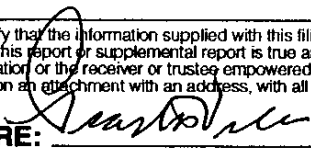
10. OFFICERS AND DIRECTORS

| | | |
|----------------|-----------------------|---------------------------------|
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | KULPA, ROBERT | |
| STREET ADDRESS | 11745 SW 91ST TERRACE | |
| CITY-ST-ZIP | MIAMI, FL 33186 | |
| TITLE | S | <input type="checkbox"/> Delete |
| NAME | ARUTT, ROBERT | |
| STREET ADDRESS | 11779 SW 92 TERRACE | |
| CITY-ST-ZIP | MIAMI, FL 33186 | |
| TITLE | PD | <input type="checkbox"/> Delete |
| NAME | VELASCO, PASTOR | |
| STREET ADDRESS | 11715 SW 92 TERR | |
| CITY-ST-ZIP | MIAMI, FL | |
| TITLE | TD | <input type="checkbox"/> Delete |
| NAME | RIMLAND, ELIAS | |
| STREET ADDRESS | 11750 SW 92 TERRACE | |
| CITY-ST-ZIP | MIAMI, FL 33186 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | KALSIC, CARMEN | |
| STREET ADDRESS | 11720 SW 91 TER | |
| CITY-ST-ZIP | MIAMI, FL 33186 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|----------------|--|---|
| 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 | | |
| 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 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:  DATE _____ DAYTIME PHONE # _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR