
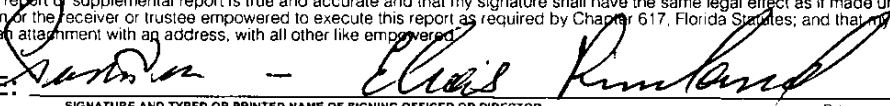


**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 29, 2008 8:00 am
Secretary of State

01-29-2008 90021 011 ****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 - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		01032008 Chg-NP CR2E037 (12/06)	
Zip		Country		4. FEI Number 59-2022444	
				Applied For 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		
TRIAI, CARLOS A 3750 NW 87 AVE SUITE 100 DORAL, FL 33178			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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2008		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	D	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HELTMAN, ALFRED			NAME	
STREET ADDRESS	11742 SW 92 TERR			STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33186			CITY-ST-ZIP	
TITLE	SD	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ZWEIG, ILENE			NAME	
STREET ADDRESS	11738 SW 92 TERR			STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33186			CITY-ST-ZIP	
TITLE	PD	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VELASCO, PASTOR			NAME	
STREET ADDRESS	11715 SW 92 TERRACE			STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33186			CITY-ST-ZIP	
TITLE	TD	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RIMLAND, ELIAS			NAME	
STREET ADDRESS	11750 SW 92 TERRACE			STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33186			CITY-ST-ZIP	
TITLE	D	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRIZ, SALVADOR			NAME	
STREET ADDRESS	11787 SW 92 TERRACE			STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33186			CITY-ST-ZIP	
TITLE	VPD	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PASCUAL, ENRIQUE			NAME	
STREET ADDRESS	9134 SW 118 CT			STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33186			CITY-ST-ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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				Date _____ Daytime Phone # _____	