


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2004 08:00 AM
Secretary of State

DOCUMENT # 765682
 1. Entity Name
SHADYWOODS HOMEOWNER'S ASSOCIATION OF TALLAHASSEE, INC.



Principal Place of Business Mailing Address
5888 BRIGHT CT **5888 BRIGHT CT**
TALLAHASSEE, FL 32303 **TALLAHASSEE, FL 32303**

DO NOT WRITE IN THIS SPACE



03192004 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-2561519	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

BURTON, LANETTE S
5888 BRIGHT CT
TALLAHASSEE, FL 32303

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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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25
Due by May 1, 2004

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P O'NEAL, ANDREW 5885 BRIGHT CT TALLAHASSEE, FL 32303
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V NOLTEE, FRANK 4444 BRIGHT DR TALLAHASSEE, FL 32303
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T KOTTMAN, KENDRA 4401 BRIGHT DR TALLAHASSEE, FL 32303
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BURTON, LANETTE 5888 BRIGHT CT TALLAHASSEE, FL 32303
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S IADICICCO, RACHEL 4412 BRIGHT DR TALLAHASSEE, FL 32303
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CONE, CARL 5889 BRIGHT CT TALLAHASSEE, FL 32303

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 04/29/04-80084-007 61.25

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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: Kendra Kottman Kendra Kottman Date: 4-26-04 Daytime Phone #: 562-7593

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR