

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 14 PM 2:25

DOCUMENT # **N07673 (9)**
1. Corporation Name
SHADOWWOOD CIVIC ASSOCIATION OF HUDSON, INC.

Principal Place of Business Mailing Address
14709 SHADOW WOOD BLVD HUDSON FL 34667

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **02/18/1985** 3a. Date of Last Report **02/21/1994**
4. FEI Number **59-2601945** Applied For Not Applicable
5. Certificate of Status Desired **\$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution **\$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Zip Country 29 Zip Country
24 25 29 30

9. Name and Address of Current Registered Agent
**MCCRADY, RICHARD T
14804 CORTLAND DRIVE
HUDSON FL 34667**

10. Name and Address of New Registered Agent
81 Name **THEODORE NENNINGER**
82 Street Address (P.O. Box Number is Not Acceptable) **14703 GWENWOOD CIR**
83
84 City **HUDSON** FL 85 Zip Code **34667**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors, I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.
SIGNATURE **THEODORE NENNINGER, PRESIDENT** *Theodore Nenninger* 2/12/95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when registering.) DATE

12. OFFICERS AND DIRECTORS	
TITLE	SD
NAME	COLEMAN, VIVIAN
STREET ADDRESS	14801 CORTLAND DRIVE
CITY-ST-ZIP	HUDSON FL
TITLE	TD
NAME	SANFORD, CLAIRE
STREET ADDRESS	8911 HOLLYWOOD DR
CITY-ST-ZIP	HUDSON FL
TITLE	VD
NAME	O'NEILL, CHARLES
STREET ADDRESS	14800 COURTLAND DR
CITY-ST-ZIP	HUDSON FL
TITLE	P
NAME	MCCRADY, RICHARD T
STREET ADDRESS	14804 CORTLAND DRIVE
CITY-ST-ZIP	HUDSON FL
TITLE	D
NAME	NENNINGER, THEODORE
STREET ADDRESS	14716 CORTLAND DR
CITY-ST-ZIP	HUDSON FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	SECRETARY (SD) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	MARLENE KOLODZIEJCZYK
1.3 STREET ADDRESS	14721 GWENWOOD CIR
1.4 CITY-ST-ZIP	HUDSON FL 34667
2.1 TITLE	TREASURER (TD) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	VIVIAN CLARK
2.3 STREET ADDRESS	2906 CORALWOOD DR
2.4 CITY-ST-ZIP	HUDSON FL 34667
3.1 TITLE	VICE PRESIDENT (VD) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	GARY CARMAN
3.3 STREET ADDRESS	14917 SHADOW WOOD BLVD
3.4 CITY-ST-ZIP	HUDSON FL 34667
4.1 TITLE	PRESIDENT (P) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	THEODORE NENNINGER
4.3 STREET ADDRESS	14703 GWENWOOD CIR
4.4 CITY-ST-ZIP	HUDSON FL 34667
5.1 TITLE	DIRECTOR AT LARGE (D) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	LEONARD GRAHAM
5.3 STREET ADDRESS	3007 CORALWOOD DR
5.4 CITY-ST-ZIP	HUDSON FL 34667
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this form is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Theodore Nenninger* **THEODORE NENNINGER** 2/12/95 813-863-9183
Signature and typed or printed name of officer or director