

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

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



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

3. Date Incorporated or Qualified: **02/18/1985**  
3a. Date of Last Report: **02/14/1995**

21. Principal Place of Business		2a. Mailing Address		4. FEI Number <b>59-2601945</b>		Applied For <input type="checkbox"/> Not Applicable	
22. Suite, Apt. #, etc.		27. Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
23. City & State		28. City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
24. Zip		25. Country		29. Zip		30. Country	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			

~~NENNINGER, THEODORE~~  
~~14709 GWENWOOD CIRCLE~~  
~~HUDSON FL 34667~~

81 Name: **PUGH, ORMAND**  
82 Street Address (P.O. Box Number is Not Acceptable): **14902 Shadowwood Blvd.**  
83  
84 City: **HUDSON** FL 85 Zip Code: **34667**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: *Ormand Pugh* **ORMAND PUGH** 1 MARCH 1996  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: <b>SD</b> <input checked="" type="checkbox"/> DELETE	NAME: <b>KOLODZIEJCZYK, MARLENE</b>	1.1 TITLE: <b>SD</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME: <b>KEMPTON, JAMES</b>
STREET ADDRESS: <b>14721 GWENWOOD CIRCLE</b>	CITY-ST-ZIP: <b>HUDSON FL</b>	1.2 NAME: <b>KEMPTON, JAMES</b>	1.3 STREET ADDRESS: <b>14814 SHADOW WOOD BLVD</b>
		1.4 CITY-ST-ZIP: <b>HUDSON, FLA. 34667</b>	
TITLE: <b>TD</b> <input checked="" type="checkbox"/> DELETE	NAME: <b>CLARK, VIVIAN</b>	2.1 TITLE: <b>TD</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME: <b>CLARK, VIVIAN</b>
STREET ADDRESS: <b>8906 CORALWOOD DRIVE</b>	CITY-ST-ZIP: <b>HUDSON FL</b>	2.2 NAME: <b>CLARK, VIVIAN</b>	2.3 STREET ADDRESS: <b>8906 CORALWOOD DRIVE</b>
		2.4 CITY-ST-ZIP: <b>HUDSON, FLA. 34667</b>	
TITLE: <b>VD</b> <input checked="" type="checkbox"/> DELETE	NAME: <b>CARMEAN, GARY</b>	3.1 TITLE: <b>VD</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME: <b>O'NEILL, CHARLES</b>
STREET ADDRESS: <b>14917 SHADOW WOOD BLVD</b>	CITY-ST-ZIP: <b>HUDSON FL</b>	3.2 NAME: <b>O'NEILL, CHARLES</b>	3.3 STREET ADDRESS: <b>14800 CORTLAND DRIVE</b>
		3.4 CITY-ST-ZIP: <b>HUDSON, FLA 34667</b>	
TITLE: <b>P</b> <input checked="" type="checkbox"/> DELETE	NAME: <b>NENNINGER, THEODORE</b>	4.1 TITLE: <b>P</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME: <b>PUGH, ORMAND</b>
STREET ADDRESS: <b>14709 GWENWOOD CIR</b>	CITY-ST-ZIP: <b>HUDSON FL</b>	4.2 NAME: <b>PUGH, ORMAND</b>	4.3 STREET ADDRESS: <b>14902 SHADOW WOOD BLVD</b>
		4.4 CITY-ST-ZIP: <b>HUDSON, FLA. 34667</b>	
TITLE: <b>D</b> <input checked="" type="checkbox"/> DELETE	NAME: <b>GRAHAM, LEONARD</b>	5.1 TITLE: <b>D</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME: <b>BOUDREAU, ROBERT</b>
STREET ADDRESS: <b>8807 CORALWOOD DR</b>	CITY-ST-ZIP: <b>HUDSON FL</b>	5.2 NAME: <b>BOUDREAU, ROBERT</b>	5.3 STREET ADDRESS: <b>14708 CORTLAND DRIVE</b>
		5.4 CITY-ST-ZIP: <b>HUDSON, FLA. 34667</b>	
TITLE: <input type="checkbox"/> DELETE	NAME:	6.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME:
STREET ADDRESS:	CITY-ST-ZIP:	6.2 NAME:	6.3 STREET ADDRESS:
		6.3 STREET ADDRESS:	6.4 CITY-ST-ZIP:
		6.4 CITY-ST-ZIP:	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(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: *J.M. Kempton* **J.M. KEMPTON** 29 Feb 1996 (813)869-2531  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #

CR2E037 (12/95)