

FILE NOW: FILING FEE IS \$61.25

FILED  
Mar 28 1997 8:00am  
Secretary of State

|   |   |   |
|---|---|---|
| NONPROFIT CORPORATION<br>ANNUAL REPORT<br><b>1997</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Sandra B. Mortham</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|---|---|---|

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



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|--|---|
| Principal Place of Business<br><b>14709 SHADOW WOOD BLVD<br/>HUDSON FL 34667</b> | Mailing Address<br><b>14709 SHADOW WOOD BLVD<br/>HUDSON FL 34667-3344</b> |
|--|---|

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|--|--|
| 3. Date Incorporated or Qualified<br><b>02/18/1985</b> | 3a. Date of Last Report<br><b>03/18/1996</b> |
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|---|--|
| 2. Principal Place of Business<br>21. Suite, Apt. #, etc.<br>22. City & State<br>23. Zip<br>24. Country | 2a. Mailing Address<br>26. Suite, Apt. #, etc.<br>27. City & State<br>28. Zip<br>29. Country |
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|  |                                       |
|--|---------------------------------------|
| 4. FEI Number<br><b>59-2801945</b>   | Applied For<br>Not Applicable         |
| 5. Certificate of Status Desired <input type="checkbox"/>  | <b>\$8.75 Additional Fee Required</b> |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>  | <b>\$5.00 May Be Added to Fees</b>    |
| 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No |                                       |

9. Name and Address of Current Registered Agent  
**PUGH, ORMAND  
14902 SHADOWWOOD BLVD  
HUDSON FL 34667**

10. Name and Address of New Registered Agent  
81 Name **TURNER, JOHN**  
82 Street Address (P.O. Box Number is Not Acceptable)  
**14614 CORTLAND DRIVE**  
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 John Turner JOHN TURNER President May 22 97  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

| 12. OFFICERS AND DIRECTORS                     |  | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12          |
|--|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>SD<br/>KEMPTON, JAMES<br/>14814 SHADOW WOOD BLVD<br/>HUDSON FL</b> <input checked="" type="checkbox"/> DELETE | 1.1 TITLE<br>1.2 NAME<br>1.3 STREET ADDRESS<br>1.4 CITY-ST-ZIP |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>TD<br/>CLARK, VIVIAN<br/>8906 CORALWOOD DRIVE<br/>HUDSON FL</b> <input type="checkbox"/> DELETE               | 2.1 TITLE<br>2.2 NAME<br>2.3 STREET ADDRESS<br>2.4 CITY-ST-ZIP |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>VD<br/>O'NEILL, CHARLES<br/>14800 CORTLAND DRIVE<br/>HUDSON FL</b> <input checked="" type="checkbox"/> DELETE | 3.1 TITLE<br>3.2 NAME<br>3.3 STREET ADDRESS<br>3.4 CITY-ST-ZIP |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>P<br/>PUGH, ORMOND<br/>14902 SHADOW WOOD BLVD<br/>HUDSON FL</b> <input checked="" type="checkbox"/> DELETE    | 4.1 TITLE<br>4.2 NAME<br>4.3 STREET ADDRESS<br>4.4 CITY-ST-ZIP |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D<br/>BOURDREAU, ROBERT<br/>14708 CORTLAND DRIVE<br/>HUDSON FL</b> <input checked="" type="checkbox"/> DELETE | 5.1 TITLE<br>5.2 NAME<br>5.3 STREET ADDRESS<br>5.4 CITY-ST-ZIP |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> DELETE  | 6.1 TITLE<br>6.2 NAME<br>6.3 STREET ADDRESS<br>6.4 CITY-ST-ZIP |

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|--|--|
| <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | <b>SD<br/>LAURENCE, ARTAUR<br/>14616 CORTLAND DRIVE<br/>HUDSON FL 34667</b>    |
| <input type="checkbox"/> Change <input type="checkbox"/> Addition            |  |
| <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | <b>VD<br/>NENNINGER, BARBARA<br/>14703 GWENWOOD CIRCLE<br/>HUDSON FL 34667</b> |
| <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | <b>P<br/>TURNER, JOHN<br/>14614 CORTLAND DRIVE<br/>HUDSON FL 34667</b>         |
| <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | <b>D<br/>GOEBELS, EARNEST<br/>14909 SHADOWWOOD BLVD<br/>HUDSON FL 34667</b>    |
| <input type="checkbox"/> Change <input type="checkbox"/> Addition            |  |

14. I do 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 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: John Turner JOHN TURNER President Feb 12 1997 813 861 1149  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0068273

CR2E037 (9/96)