

FILE NOW: FILING FEE IS \$61.25

FILED
Jan 29 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
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3. Date incorporated or Qualified
02/18/1985

4. FEI Number 59-2601945	Applied For Not Applicable
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2. Principal Place of Business 21	2a. Mailing Address 26
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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22 City & State	27 City & State
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23 Zip	25 Country	29 Zip	30 Country
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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. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent
TURNER, JOHN
14614 CORTLAND DR
HUDSON FL 34667

10. Name and Address of New Registered Agent
 81 Name
CHARLES R. O'NEILL, SR.
 82 Street Address (P.O. Box Number is Not Acceptable)
14800 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 **CHARLES R. O'NEILL, SR.** DATE **1/20/98**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	LAWRENCE, ARTHUR	
STREET ADDRESS	14616 CORTLAND DR	
CITY-ST-ZIP	HUDSON FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	CLARK, VIVIAN	
STREET ADDRESS	8906 CORALWOOD DRIVE	
CITY-ST-ZIP	HUDSON FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	NENNINGER, BARBARA	
STREET ADDRESS	14703 GWENWOOD CIRCLE	
CITY-ST-ZIP	HUDSON FL	
TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	TURNER, JOHN	
STREET ADDRESS	14614 CORTLAND DR	
CITY-ST-ZIP	HUDSON FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	GOEBELS, EARNEST	
STREET ADDRESS	14909 SHADOWWOOD BLVD	
CITY-ST-ZIP	HUDSON FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	REGGIE GAULT	
1.3 STREET ADDRESS	14904 SHADOW WOOD BLVD.	
1.4 CITY-ST-ZIP	HUDSON, FL 34667	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	CHARLES R. O'NEILL, SR.	
4.3 STREET ADDRESS	14800 CORTLAND DRIVE	
4.4 CITY-ST-ZIP	HUDSON, FL 34667	
5.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	JOHN DICK	
5.3 STREET ADDRESS	14803 SHADOW WOOD BLVD.	
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 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: **CHARLES R. O'NEILL, SR.** *Charles R. O'Neill Sr* DATE: **1/20/98** (813) 862-5727

CF2E037 (10/97)