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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N07673

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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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 02/18/1985
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2601945
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

O'NEILL, CHARLES R SR
 14800 CORTLAND DR
 HUDSON FL 34667

10. Name and Address of New Registered Agent

81 Name **JOHN A. TURNER**

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 *[Signature]* **JOHN TURNER PRESIDENT** 02/16/99
Signature, type or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	GAULT, REGGIE	
STREET ADDRESS	14904 SHADOW WOOD BLVD	
CITY-ST-ZIP	HUDSON FL 34667	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	CLARK, VIVIAN	
STREET ADDRESS	8906 CORALWOOD DRIVE	
CITY-ST-ZIP	HUDSON FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	NENNINGER, BARBARA	
STREET ADDRESS	14703 GWENWOOD CIRCLE	
CITY-ST-ZIP	HUDSON FL	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	O'NEILL, CHARLES R SR	
STREET ADDRESS	14800 CORTLAND DR	
CITY-ST-ZIP	HUDSON FL 34667	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	DICK, JOHN	
STREET ADDRESS	14803 SHADOWWOOD BLVD	
CITY-ST-ZIP	HUDSON FL 34667	
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	NENNINGER, TED	
1.3 STREET ADDRESS	14703 GWENWOOD CIRCLE	
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	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	MCCRAIDY, DICK	
3.3 STREET ADDRESS	14804 CORTLAND DRIVE	
3.4 CITY-ST-ZIP	HUDSON FL 34667	
4.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	TURNER, JOHN	
4.3 STREET ADDRESS	14614 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	DOORAKKERS, ED	
5.3 STREET ADDRESS	14702 CORTLAND DRIVE	
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, with all other like empowered.

SIGNATURE: *[Signature]* **TURNER** 2/16/99 727 861-1149
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)