

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 11, 2000 8:00 am
Secretary of State

02-11-2000 90022 050 ****61.25

DOCUMENT # N07673

1. Entity 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 34667-3344		B0017951 DO NOT WRITE IN THIS SPACE
2. Principal Place of Business		3. Mailing Address		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		
City & State		City & State		
Zip	Country	Zip	Country	4. FEI Number 59-2601945 Applied? <input type="checkbox"/> Not Applied? <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
TURNER, JOHN A 14614 CORTLANA DR HUDSON FL 34667		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		14620 CORTLAND DRIVE	
		City	FL

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE: *John Turner* **JOHN TURNER - PRESIDENT** 02 02 2000
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	SD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/>
NAME	NENNINGER, TED	NAME	
STREET ADDRESS	14703 EWENWOOD CIR	STREET ADDRESS	14703 GWENWOOD CIR
CITY-ST-ZIP	HUDSON FL 34667	CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/>
NAME	CLARK, VIVIAN	NAME	
STREET ADDRESS	8906 CORALWOOD DRIVE	STREET ADDRESS	
CITY-ST-ZIP	HUDSON FL	CITY-ST-ZIP	
TITLE	VD <input checked="" type="checkbox"/> Delete	TITLE	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/>
NAME	MCCRADY, DICK	NAME	ALBERT, VAUGHN
STREET ADDRESS	14014 CARTLAND DR	STREET ADDRESS	14620 SHADOWWOOD BLVD
CITY-ST-ZIP	HUDSON FL	CITY-ST-ZIP	HUDSON FL 34667
TITLE	PD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/>
NAME	TURNER, JOHN	NAME	
STREET ADDRESS	14014 CORTLAND DR	STREET ADDRESS	
CITY-ST-ZIP	HUDSON FL 34667	CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/>
NAME	DOORAKKERS, ED	NAME	LONG, GEORGE
STREET ADDRESS	14702 CORTAIN DR	STREET ADDRESS	14710 CORTLAND DRIVE
CITY-ST-ZIP	HUDSON FL 34667	CITY-ST-ZIP	HUDSON FL 34667
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/>
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. 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 report or supplemental 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 10 or Block changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *John Turner* **SIGNATURE RETURNED** 02 02 2000 727 861-114
Signature and typed or printed name of signing officer or director Date Daytime Phone #