


**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Feb 16, 2004 8:00 am
Secretary of State

02-16-2004 90055 018 ****61.25

DOCUMENT # N07673

1. Entity Name
SHADOWWOOD CIVIC ASSOCIATION OF HUDSON, INC.



Principal Place of Business Mailing Address

14709 SHADOW WOOD BLVD 14709 SHADOW WOOD BLVD
HUDSON FL 34667 HUDSON FL 34667

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Zip Country Country



MOORE CR2E037 (11/03)

4. FEI Number Applied For

59-2601945 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name: **John R. GERMATA**

Street Address (P.O. Box Number is Not Acceptable): **14814 SHADOWWOOD BLVD**

City: **HUDSON** FL Zip Code: **34667**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: *John R. GERMATA* **John R. GERMATA** **PRESIDENT** **2/10/04**

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
Due By May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TURNER, JOHN		NAME	GERMATA, John R.	
STREET ADDRESS	14620 CORTLAND DR.		STREET ADDRESS	14814 SHADOWWOOD BLVD	
CITY-ST-ZIP	HUDSON FL 34667		CITY-ST-ZIP	HUDSON FL 34667	
TITLE	TD	<input checked="" type="checkbox"/> Delete	TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KAPPES, ANN		NAME	CLARK, VIVIAN	
STREET ADDRESS	14718 CORTLAND DR.		STREET ADDRESS	8906 CORRALWOOD DR	
CITY-ST-ZIP	HUDSON FL 34667		CITY-ST-ZIP	HUDSON FL 34667	
TITLE	VD	<input checked="" type="checkbox"/> Delete	TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WISE, ED		NAME	O NEIL, CHARLES	
STREET ADDRESS	14800 SHADOWWOOD BLVD.		STREET ADDRESS	14800 CORTLAND DR	
CITY-ST-ZIP	HUDSON FL 34667		CITY-ST-ZIP	HUDSON FL 34667	
TITLE	SD	<input checked="" type="checkbox"/> Delete	TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WEINREICH, JOE		NAME	DEICHMANN, DIANE	
STREET ADDRESS	8912 DUNMORE		STREET ADDRESS	14804 SHADOWWOOD BLVD	
CITY-ST-ZIP	HUDSON FL 34667		CITY-ST-ZIP	HUDSON FL 34667	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SMITH, WALT		NAME	SMITH, WALT	
STREET ADDRESS	14713 CORTLAND DR.		STREET ADDRESS	14713 CORTLAND DR	
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"/> Addition
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 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Vivian E Clark Pres* **2/10/04** **727-868-5731**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #