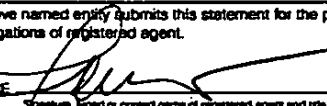
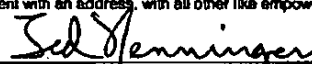


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 18, 2005 8:00 am
Secretary of State

01-26-2005 90009 043 ****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	
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 For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GERMATA, JOHN R 14814 SHADOWWOOD BLVD HUDSON, FL 34667		7. Name and Address of New Registered Agent Name PENDLETON, HARRY Street Address (P.O. Box Number is Not Acceptable) 14701 GWENWOOD CIR City HUDSON FL 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  Signature, typed or printed name of registered agent and title if applicable.		DATE 3/28/05 DATE	
Filing Fee is \$81.25 Due by May 1, 2005		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 NAME STREET ADDRESS CITY-ST-ZIP	PO GERMATA, JOHN R 14814 SHADOWWOOD BLVD HUDSON, FL 34667 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PENDLETON, HARRY 14701 GWENWOOD CIR. HUDSON, FL 34667 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD CLARK, VIVIAN 8906 CORRALWOOD DR HUDSON, FL 34667 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD HAYES, DOLORES 14812 SHADOWWOOD BLVD HUDSON, FL 34667 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ONEIL, CHARLES 14800 CORTLAND DR HUDSON, FL 34667 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SMITH, WALTER 14713 CORTLAND DR. HUDSON, FL 34667 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD GEICHMANN, DIANE 14804 SHADOWWOOD BLVD HUDSON, FL 34667 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD NENNINGER, TED 14703 GWENWOOD CIR HUDSON, FL 34667 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SMITH, WALT 14713 CORTLAND DR. HUDSON, FL 34667 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WALSH, JIM 8910 DUNMORE DR. HUDSON, FL 34667 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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: 		1/20/05 727-863-9683	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

66006156



01182005 Chg-NP CR2E037 (10/03)