


FILE NOW: FILING FEE IS \$61.25

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**May 11 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 # N19982 (0)

1. Corporation Name
SHADY RIDGE ESTATES HOMEOWNERS' ASSOCIATION, INC



Principal Place of Business SMITH/MOSES ASSOC. 1500 CORDOVA RD #300 FT. LAUDERDALE FL 33316 US	Mailing Address 1500 CORDOVA RD #300 FT. LAUDERDALE FL 33316 US
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3. Date Incorporated or Qualified 04/06/1987	
4. FEI Number 65-0131065	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip Country	28. Zip Country
24. Zip	29. Zip
25. Country	30. Country

9. Name and Address of Current Registered Agent

SMITH, DANIEL
1500 CORDOVA RD #300
FT. LAUDERDALE FL 33312

10. Name and Address of New Registered Agent

81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83. City
84. State FL
85. Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	WINEPOL, JEFF	
STREET ADDRESS	3930 SW 54TH CT	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	FULLWOOD, BILL	
STREET ADDRESS	3920 SW 54TH CT.	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SMITH, DANIEL	
STREET ADDRESS	1500 CORDOVA RD #300	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	GOLDSTEIN, PAUL	
STREET ADDRESS	5418 SW 39TH WAY	
CITY-ST-ZIP	FT LAUDERDALE FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	SPINA, DAN	
STREET ADDRESS	5421 SHADY OAK LN	
CITY-ST-ZIP	FT LAUDERDALE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Treasurer (TP)	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Winepol, Jeff	
1.3 STREET ADDRESS	3930 S.W. 54th Court	
1.4 CITY-ST-ZIP	FT. LAUD., FL 33312	
2.1 TITLE	PD (President)	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Fullwood, Bill	
2.3 STREET ADDRESS	3920 SW 54th Ct.	
2.4 CITY-ST-ZIP	Ft Lauderdale, FL 33312	
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	Vice-President (V)	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Goldstein, Paul	
4.3 STREET ADDRESS	5418 S.W. 39th Way	
4.4 CITY-ST-ZIP	FT. LAUD., FL 33312	
5.1 TITLE	Secretary (S)	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Spina, Bonnie	
5.3 STREET ADDRESS	5421 Shady Oak Lane	
5.4 CITY-ST-ZIP	Ft. Laud., FL 33312	
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: *[Signature]* 4-15-98 (954) 961-6001

CR2E037 (10/97)