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Apr 20, 1999 8:00 am
Secretary of State

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NONPROFIT
 CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N19982

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



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29

30

3. Date Incorporated or Qualified

04/06/1987

4. FEI Number

65-0131065

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

6. Election Campaign Financing

Trust Fund Contribution

\$5.00 May Be
 Added to Fees

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

84 City

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **TD** DELETE
 NAME **WINEPOL, JEFF**
 STREET ADDRESS **3930 S W 54TH COURT**
 CITY-ST-ZIP **FT LAUDERDALE FL 33312**

TITLE **PD** DELETE
 NAME **FULLWOOD, BILL**
 STREET ADDRESS **3920 W 54TH CT**
 CITY-ST-ZIP **FT LAUDERDALE FL 33312**

TITLE **D** DELETE
 NAME **SMITH, DANIEL**
 STREET ADDRESS **1500 CORDOVA RD #300**
 CITY-ST-ZIP **FT. LAUDERDALE FL**

TITLE **VP** DELETE
 NAME **GOLDSTEIN, PAUL**
 STREET ADDRESS **5418 S W 39TH WAY**
 CITY-ST-ZIP **FT LAUDERDALE FL 33312**

TITLE **S** DELETE
 NAME **SPINA, BONNIE**
 STREET ADDRESS **5421 SHADY OAK LANE**
 CITY-ST-ZIP **FT LAUDERDALE FL 33312**

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **PD** Change Addition
 1.2 NAME **SWAIN, CHARLES**
 1.3 STREET ADDRESS **3911 LAUREL OAK WAY**
 1.4 CITY-ST-ZIP **FT LAUDERDALE, FL 33312**

2.1 TITLE **VP D** Change Addition
 2.2 NAME **DeMARCO, CARL**
 2.3 STREET ADDRESS **3901 LAUREL OAK LANE**
 2.4 CITY-ST-ZIP **FT LAUDERDALE, FL 33312**

3.1 TITLE Change Addition
 3.2 NAME
 3.3 STREET ADDRESS
 3.4 CITY-ST-ZIP

4.1 TITLE **TD** Change Addition
 4.2 NAME **GOLDSTEIN, SUSAN**
 4.3 STREET ADDRESS **5418 S.W. 39TH WAY**
 4.4 CITY-ST-ZIP **FT LAUDERDALE, FL 33312**

5.1 TITLE Change Addition
 5.2 NAME
 5.3 STREET ADDRESS
 5.4 CITY-ST-ZIP

6.1 TITLE Change 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 REQUIRED

4-6-99

(954)961-5527

CR2E037 (1/98)