

FILE NOW: FILING FEE IS \$61.25

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Feb 10 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N94000004551 (7)

1. Corporation Name
SHADOWOOD II, INC.



Principal Place of Business
464 SW FOURTH AVE
FT LAUDERDALE FL 33315

Mailing Address
307 SW 5TH STREET
FT LAUDERDALE FL 33315-1048
US

3. Date Incorporated or Qualified 09/15/1994	3a. Date of Last Report 01/31/1996
4. FEI Number 65-0519468	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" 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	28 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent TRANTALIS, DEAN J 9724 2 SAMPLE RD CORAL SPRINGS FL 33065	10. Name and Address of New Registered Agent
	81 Name
	82 Street Address (P.O. Box Number is Not Acceptable)
	83
	84 City
	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.

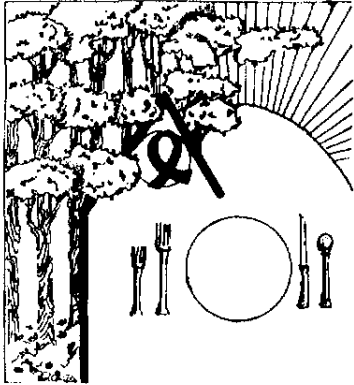
SIGNATURE DEAN J. TRANTALIS
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstalling) DATE 1/9/97

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PIERSALL, BARBAR Director/secretary	1.2 NAME	DOROTHY MEREDITH
STREET ADDRESS	4300 SW 4TH ST	1.3 STREET ADDRESS	1418 NW 97 AVE DIRECTOR
CITY-ST-ZIP	PLANTATION FL	1.4 CITY-ST-ZIP	PEMBROKE PINES FL 33024
TITLE	D <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MCCAULEY, CLETUS	2.2 NAME	KARL HARRING
STREET ADDRESS	720 85TH ST APT 1	2.3 STREET ADDRESS	497 NW 47 ST. DIRECTOR
CITY-ST-ZIP	MIAMI BEACH FL	2.4 CITY-ST-ZIP	FT. LAUDERDALE FL. 33309
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COCUZZA, PETER Director/President	3.2 NAME	
STREET ADDRESS	2840 S OAKLAND FOREST DR UNIT 2403	3.3 STREET ADDRESS	
CITY-ST-ZIP	OAKLAND PARK FL 33309 Treasurer	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DR. GARY MOREY	4.2 NAME	
STREET ADDRESS	1356 S.E. 12 WAY Director	4.3 STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE FL. 33314	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Sue Hughes Director	5.2 NAME	
STREET ADDRESS	3233 NE 32 AVE Apt 201	5.3 STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE FL. 33308	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARY O'DONNELL RN Director	6.2 NAME	
STREET ADDRESS	200 NE 19 CT #M105	6.3 STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE FL. 33305	6.4 CITY-ST-ZIP	

14. I do 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: Richard Colbert
Signature typed or printed name of signing officer or director Date 1/9/97
954-462-3719

CR2E037 (9/96)



Shadowood II Inc.

A Not For Profit Residence For Adults With Aids or HIV+

307 S.W. 5th St.
Ft. Lauderdale, FL 33315
(954) 462-3719
Fax: (954) 462-9058

January 29, 1997

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

SUBJECT: SHADOWOOD II, INC.
Ref. Number: N94000004551

Gentlemen:

There has apparently been some misunderstanding over the signature on the Annual Report. Mr. Richard Colbert is the Executive Director of Shadowood II, Inc., and in such capacity is not on the Board of Directors. The list of Directors is as follows:

Director/President
Peter Cocuzza
2840 S. Oakland Forest Dr. #2403
Oakland Park, FL 33309

Director
Mary O'Donnell, R.N., M.H.M.
200 N. E. 19th Court
Ft. Lauderdale, FL 33305

Director/Secretary
Barbara Piersall
4300 S.W. 4th Street
Plantation, FL 33317

Director
Dorothy Meredith
1418 N.W. 97th Avenue
Pembroke Pines, FL 33024

Director
Dr. Gary Morey
1356 S. E. 17th Way
Ft. Lauderdale, FL 33316

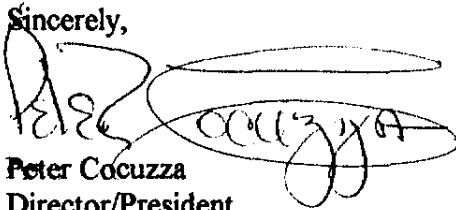
Director
Karl Haring
497 N.W. 47th Street
Ft. Lauderdale, FL 33309

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Director
Sue Hughes
3233 N.E. 32nd Ave. Apt 201
Ft. Lauderdale, FL 33308

Please do not hesitate to contact us if there are any other questions.

Sincerely,


Peter Cocuzza
Director/President

PETER COCUZZA
President 954-733-5842

PC:ac