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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Suzanne B. Norman
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P92000010962 (8)
1. Corporation Name
SHADOW BROOK WATER AND SEWER MANAGEMENT, INC.

Principal Place of Business: 6710 ELLENTON GILLETTE RD., #400 PALMETTO FL 34221 US
Mailing Address: 6710 ELLENTON GILLETTE RD., #400 PALMETTO FL 34221 US

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

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified: 12/08/1992
3a. Date of Last Report: 05/01/1994

4. FEI Number: 59-3163919
Applied For: 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

7. This Corporation has liability for intangible tax under Florida Statutes: Yes No

9. Name and Address of Current Registered Agent: BECKER & POLIAKOFF, P.A. 630 S ORANGE AVE SARASOTA FL 34236

10. Name and Address of New Registered Agent: B1 Name: B2 Street Address (P.O. Box Number is Not Acceptable): B3: B4 City: FL B5 Zip Code:

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: _____

12. OFFICERS AND DIRECTORS

TITLE	DP	13. TITLE	
NAME	OGERT, WILLIAM	13. NAME	
STREET ADDRESS	6710 ELLENTON GILLETTE RD., #221	13. STREET ADDRESS	
CITY, ST, ZIP	PALMETTO FL	13. CITY, ST, ZIP	
TITLE	D	13. TITLE	DT
NAME	KUNZLE, JOHN	13. NAME	
STREET ADDRESS	6710 ELLENTON GILLETTE RD., #10	13. STREET ADDRESS	
CITY, ST, ZIP	PALMETTO FL	13. CITY, ST, ZIP	
TITLE	D	13. TITLE	DVP
NAME	KOONS, HAROLD	13. NAME	CHARLOS WHITE
STREET ADDRESS	6710 ELLENTON GILLETTE RD., #323	13. STREET ADDRESS	6710 ELLENTON GILLETTE RD., #57
CITY, ST, ZIP	PALMETTO FL	13. CITY, ST, ZIP	PALMETTO FL 34221
TITLE	DS	13. TITLE	
NAME	REEVE, CECIL B.	13. NAME	
STREET ADDRESS	6710 ELLENTON GILLETTE RD., #80	13. STREET ADDRESS	
CITY, ST, ZIP	PALMETTO FL	13. CITY, ST, ZIP	
TITLE	DT	13. TITLE	D
NAME	JOHNSON, WILLIAM H.	13. NAME	DOAN, ROBERT
STREET ADDRESS	6710 ELLENTON GILLETTE RD., #117	13. STREET ADDRESS	6710 ELLENTON GILLETTE RD., #145
CITY, ST, ZIP	PALMETTO FL	13. CITY, ST, ZIP	PALMETTO FL 34221
TITLE		13. TITLE	
NAME		13. NAME	
STREET ADDRESS		13. STREET ADDRESS	
CITY, ST, ZIP		13. CITY, ST, ZIP	

14. I, the undersigned, certify that the information supplied with this filing is accurate, true and correct, and qualify for the exemption stated in Section 119.07(1)(b), Florida Statutes. I further certify that the information is submitted for the annual report or supplemental annual report, true and accurate and that my corporation shall have the same legal effect as if made under oath. That I am an officer or director of the corporation of the person or persons empowered to sign into this report as required by Chapter 445, Florida Statutes, and that my name appears on Block A, 1 or Block 134 stamped on or on another form with an address.

SIGNATURE: *William V. Ogert* WILLIAM V. OGERT 4/21/95 (013) 722-5662
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR