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95 MAY -1 AM 8:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT
1995

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

DOCUMENT # **743920** **(1)**

1. Corporation Name

SHADYWOODS HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business	Mailing Address
4500 SHADYWOOD DR DELRAY BEACH FL 33445	4500 SHADYWOOD DR DELRAY BEACH FL 33445

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/15/1978
3a. Date of Last Report: 03/22/1994
4. FEI Number: 59-1912289 ☐ 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. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 County 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 County 30

9. Name and Address of Current Registered Agent

RUBIN, STEVEN D
980 N. FEDERAL HWY., #434
BOCA RATON FL 33432

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 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 _____ DATE
Signature, type or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	TD	11 TITLE	☒ Change ☐ Addition
NAME	HARDENBERGH, THOMAS	12 NAME	PD BICE, Jean C.
STREET ADDRESS	4338 PALM FOREST DR S	13 STREET ADDRESS	4150 Palm Forest Dr. N.
CITY ST ZIP	DELRAY BEACH FL	14 CITY ST ZIP	Delray Beach, Florida
TITLE	D	21 TITLE	☒ Change ☐ Addition
NAME	HALLERBERG, KARL	22 NAME	VD GOGGIN, James F.
STREET ADDRESS	4094 PALM FOREST DR. S.	23 STREET ADDRESS	3727 Arelia Drive S.
CITY ST ZIP	DELRAY BEACH FL	24 CITY ST ZIP	Delray Beach, Fl.
TITLE	PD	31 TITLE	☒ Change ☐ Addition
NAME	WALSH, RAY	32 NAME	SD HARDENBERGH, Thomas
STREET ADDRESS	4245 PALM FOREST DR S	33 STREET ADDRESS	4338 Palm Forest Dr. S.
CITY ST ZIP	DELRAY BEACH FL	34 CITY ST ZIP	Delray Beach, Fl.
TITLE	SD	41 TITLE	☒ Change ☐ Addition
NAME	CHIAVELLI, FRANK	42 NAME	TD McCOLLOM, John S.
STREET ADDRESS	3805 ARELIA DR N	43 STREET ADDRESS	3750 Arelia Drive N.
CITY ST ZIP	DELRAY BEACH FL	44 CITY ST ZIP	Delray Beach, Fl.
TITLE	D	51 TITLE	☒ Change ☐ Addition
NAME	ANTOSIK, CHARLES	52 NAME	D HALLERBERG, Karl
STREET ADDRESS	4105 PALM FOREST DR., S.	53 STREET ADDRESS	4094 Palm Forest Drive S.
CITY ST ZIP	DELRAY BCH. FL	54 CITY ST ZIP	Delray Beach, Fl.
TITLE	VD	61 TITLE	☒ Change ☐ Addition
NAME	HAMILTON, D	62 NAME	D PYTOSKY, Jack
STREET ADDRESS	4328 PALM FOREST DR., S.	63 STREET ADDRESS	3715 Arelia Drive N.
CITY ST ZIP	DELRAY BEACH FL	64 CITY ST ZIP	Delray Beach, Fl.

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: John S. McCollom Treasurer 24 April 1995 (407) 499-0433
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

JOHN S. McCOLLOM

0080440