

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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
**4500 SHADYWOOD DR
DELRAY BEACH FL 33445**

Mailing Address
**4500 SHADYWOOD DR
DELRAY BEACH FL 33445**

3. Date Incorporated or Qualified
08/15/1978

3a. Date of Last Report
05/01/1995

4. FEI Number
59-1912289

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

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 Country

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

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 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 fee, if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

☐ DELETE

TITLE	PD	BICE, JEAN C.	4150 PALM FOREST DR. N DELRAY BEACH FL
NAME	VD	GOGGIN, JAMES F.	3727 ARELIA DRIVE S. DELRAY BEACH FL
STREET ADDRESS	SD	HARDENBERGH, THOMAS	4338 PALM FOREST DR. S. DELRAY BEACH FL
CITY-ST-ZIP	TD	MCCOLLOM, JOHN S.	3750 ARELIA DRIVE N. DELRAY BEACH FL
TITLE	D	HALLERBERG, KARL	4094 PALM FOREST DRIVE S. DELRAY BEACH FL
NAME	D	PYTOSKY, JACK	3715 ARELIA DRIVE N. DELRAY BEACH FL
STREET ADDRESS			
CITY-ST-ZIP			

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

1.1 TITLE	VD	Chiavelli, Frank	3805 Arelia Drive North Delray Beach FL.
1.2 NAME	SD	Thomas, Francis J	3835 Arelia Drive South Delray Beach FL.
1.3 STREET ADDRESS	TD	Muser, Daniel	3744 Arelia Drive South Delray Beach FL.
1.4 CITY-ST-ZIP			
2.1 TITLE			
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE			
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE			
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE			
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE			
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP			

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)(k), 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 its 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/14/96 (407) 499-0469

CR2E037 (12/95)