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02-23-1999 90057 046 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT
1999

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

DOCUMENT # **743920**

1. Corporation Name
SHADYWOODS HOMEOWNERS' ASSOCIATION, INC.

* 101838 · 90057 · 46 *

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

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualifed 08/15/1978
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-1912289 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

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 _____ DATE
Signature, typed 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	PD	☐ DELETE	1.1 TITLE	SD	☐ Change ☒ Addition
NAME	WEIR, EDWIN		1.2 NAME	MOSCHELLA, JOSEPH	
STREET ADDRESS	4240 PALM FORESTER DR. N.		1.3 STREET ADDRESS	4230 PALM FOREST DR N	
CITY-ST-ZIP	DELRAY BEACH FL 33445		1.4 CITY-ST-ZIP	DELRAY BEACH, FL 33445	
TITLE	VD	☐ DELETE	2.1 TITLE	D	☐ Change ☒ Addition
NAME	BLATT, IRVING		2.2 NAME	LEVENSON, MIKE	
STREET ADDRESS	3752 ARELIA DRIVE SOUTH		2.3 STREET ADDRESS	3754 ARELIA DR N	
CITY-ST-ZIP	DELRAY BEACH FL 33445		2.4 CITY-ST-ZIP	DELRAY BEACH, FL 33445	
TITLE	SD	☒ DELETE	3.1 TITLE	D	☐ Change ☒ Addition
NAME	THOMAS, FRANCIS J.		3.2 NAME	MOKOS, JOHN	
STREET ADDRESS	3835 ARELIA DRIVESOUTH		3.3 STREET ADDRESS	3906 Arelia DR N.	
CITY-ST-ZIP	DELRAY BEACH FL		3.4 CITY-ST-ZIP	DELRAY BEACH, FL 33445	
TITLE	~~D~~ TD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	MCCOLLOM, JOHN S.		4.2 NAME		
STREET ADDRESS	3750 ARELIA DRIVE N.		4.3 STREET ADDRESS		
CITY-ST-ZIP	DELRAY BEACH FL		4.4 CITY-ST-ZIP		
TITLE	TD	☒ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	MUSER, DANIEL		5.2 NAME		
STREET ADDRESS	3744 ARELIA DRIVE SOUTH		5.3 STREET ADDRESS		
CITY-ST-ZIP	DELRAY BEACH FL		5.4 CITY-ST-ZIP		
TITLE	D	☒ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	MACOMBER, C.W.		6.2 NAME		
STREET ADDRESS	3737 ARELIA DRIVE NORTH		6.3 STREET ADDRESS		
CITY-ST-ZIP	DELRAY BEACH FL 33445		6.4 CITY-ST-ZIP		

CR2E037 (11/98)

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 John S. McCollom 561-495-0792
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
JOHN S. MCCOLLOM, TD/SD