FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION **ANNUAL REPORT**

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 765682

1. Corporation Name

SHADYWOODS HOMEOWNER'S ASSOCIATION OF TALLAHASSE E, INC.

Principal Place of	Busines
4404 BRIGHT DR	
TALLAHASSEE FL	32303

2. Principal Place of Business

21

Mailing Address

4404 BRIGHT DR TALLAHASSEE FL 32303

2a. Mailing Address

26

FILED Apr 29, 1999 8:00 am § Secretary of State

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440915 - 90001 - 40



Date Incorporated or Qualifed

11/05/1982

27		20				1				
Suite, Act.	#, etc.	Suite, Apt. #, etc.		4. FEI Nu	mber		— — — · · · · · · · · · · · · · · · · ·	lied For		
22		27				38-23	61519			Applicable
City & Stat	6	City & State	_			5. Certifo	ate of Status Desired		\$8.75 A: Fee Red	
23 Zip	Country	Zíp	Cou	intry		6. Flectio	n Campaign Financin		\$5.00	Jay Be
24	25	29	30	-		ı	und Contribution	9 🗆	Added to	
24	9. Name and Address of Current		1201	Π			and Address of Nev	Registere	d Agent	
	o. Name and Address of Current	Kegistered Agent		81	Name	11441110				
NUTTER,	JOHN			82	Street Ac dre	ss (P.O. Box	Number is Not Accept	ptable)		
4404 BRIG	SHT DRIVE									
TALLAHAS	SSEE FL 32303			83						
				84	City				85 Zip C	nde
				64	City			FI		,,,,
11. Pursuant	to the provisions of Sections 617.0502	and 617.1508. Florida Statu	tes, the a	bove-	named cc rpo	ration submit	s this statement for the	ne purpose o	of changing its r	egistered
office crr	registered agent or both in the State o	f Florida. Such change was	authonzec	זז עס כ	ne corporation	n's board of c	lirectors. I hereby acc	ept the apro	ointment as reg	stered
agent. I a	m familiar with, and accept the obligati	ons of, Section 617.0503, FI	orida Stati	utes.						
SIGNATURE										
	Signature, typed or printed na ne of registered agent			Agent :	signature required		NS/CHANGES TO C	OATE NET CERTS	ND DIDECTOR	E IN 12
12.	OFFICERS AND		13.			ADDITIO	NS/CHANGES TO C	JFFICERS A	Change	Addition
TITLE	P	☐ DELETE	1.1 TI	TLE					Change	
NAME	NUTTER, JOHN		1.2 N	AME	1					
STREET ADDRESS	4404 BRIGHT DRIVE		1.3 ST	TREET A	NODRESS					
CITY-ST-ZIP	TALLAHASSEE, FL 00000 32303		1.4 CI	TY-ST-	ZIP					
TITLE	VP	DELETE	2.1 TI	TLE					☐ Change	Addition
NAME	NOLTEC, FRANK		2.2 N/	AME						
STREET ADDRESS	AAAA BOIOLIT DOUG		2.3 S	TREET	ADORESS					
CITY-ST-ZIP	TALLAHASSEE FL		240	TY-ST	-7IP					
TITLE	ST	DELETE	3.1 TITLE						Change	Addition
	GREEN, MELVA J	_	3.2 N/	ΔME.						
NAME					ADDDEES					
STREET ADDRESS					ADDRESS					
CITY-ST-ZIP	TALLAHASSEE FL 32303	DELETE	4.1 TI	ITY-ST	-ZIP			 -	Change	Addition
TITLE	D STANDIAGAN MOIGY	□ nere ie								
NAME	FLANNAGAN, VICKY		4, 2 N							
STREET ADDRESS	1 -		1		ADDRESS					
CITY-ST-ZIP	TALLAHASSEE FL			ITY-ST-	ZIP				☐ Change	Addition
TITLE	D	DELETE	5.1 TI						☐ criange	
NAME	MOODY, JOY		5.2 N							
STREET ADDRESS					ADDRESS					
CITY-ST-ZIP	TALLAHASSEE FL	<u></u>		TY-ST-	ZIP					
TITLE	D	☐ DELETE	6.1 Tr	TLE					Change	Addition
NAME	RUSSO, VINCE		6.2 N	AME						
			•							
STREET ADDRESS	4400 BRIGHT CT		6.3 S	TREET	ADDRESS					
STREET ADDRESS	4400 BRIGHT CT TALLAHASSE FL			TREET / ITY-ST-						

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.