

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 91068 023 ****61.25

2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

94082978



DOCUMENT # 743920					
1. Entity 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		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 59-1912289	
				Applied For ☐ Not Applicable	
				5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
RUBIN, STEVEN D 980 N. FEDERAL HWY., #434 BOCA RATON, FL, 33432				Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
				Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	PD	☒ Delete		TITLE	PD ☐ Change ☒ Addition
NAME	JOHNSON, WOODY			NAME	Michael Levenson
STREET ADDRESS	3691 ARLIA DR. N.			STREET ADDRESS	3754 ARELIA DR. S.
CITY-ST-ZIP	DELRAY BEACH, FL 33445			CITY-ST-ZIP	DELRAY BEACH, FL 33445
TITLE	VPD	☒ Delete		TITLE	VPD ☐ Change ☒ Addition
NAME	SCHNEIDER, LINDA			NAME	Gene Davis
STREET ADDRESS	4218 PALM FOREST DR. S			STREET ADDRESS	4086 Palm Forest Dr. S.
CITY-ST-ZIP	DELRAY BEACH, FL 33445			CITY-ST-ZIP	DELRAY BEACH, FL 33445
TITLE	SD	☒ Delete		TITLE	SD ☐ Change ☒ Addition
NAME	HAYNES, LINDA			NAME	Sylvia Klein
STREET ADDRESS	3703 ARELIA DR. N.			STREET ADDRESS	4325 Palm Forest Dr. N.
CITY-ST-ZIP	DELRAY BEACH, FL 33445			CITY-ST-ZIP	DELRAY BEACH, FL 33445
TITLE	TD	☒ Delete		TITLE	TD ☐ Change ☒ Addition
NAME	HARDENBERGH, THOMAS D			NAME	Richard Battin
STREET ADDRESS	4338 PALM FOREST DR. N.			STREET ADDRESS	3747 ARELIA DR. S.
CITY-ST-ZIP	DELRAY BEACH, FL 33445			CITY-ST-ZIP	DELRAY BEACH, FL 33445
TITLE		☐ Delete		TITLE	
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
TITLE		☐ Delete		TITLE	
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u>Richard Battin</u>		04/29/04		581 4359555	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone	