2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2006
Secretary of State

DOCUMENT# 765682

Entity Name: SHADYWOODS HOMEOWNER'S ASSOCIATION OF TALLAHASSEE, INC.

Current Principal Place of Business:

5888 BRIGHT CT
TALLAHASSEE, FL 32303

New Principal Place of Business:

Current Mailing Address:

5888 BRIGHT CT
TALLAHASSEE, FL 32303

New Mailing Address:

FEI Number: 59-2561519 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BURTON, LANETTE S
5888 BRIGHT CT
TALLAHASSEE, FL 32303 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: O'NEAL, ANDREW
Address: 5885 BRIGHT CT
City-St-Zip: TALLAHASSEE, FL 32303

Title: V ( ) Delete
Name: NOLTEE, FRANK
Address: 4444 BRIGHT DR
City-St-Zip: TALLAHASSEE, FL 32303

Title: T ( ) Delete
Name: KOTTMAN, KENDRA
Address: 4401 BRIGHT DR
City-St-Zip: TALLAHASSEE, FL 32303

Title: T ( ) Delete
Name: BURTON, LANETTE
Address: 5888 BRIGHT CT
City-St-Zip: TALLAHASSEE, FL 32303

Title: S (X) Delete
Name: IADICICCO, RACHEL
Address: 4412 BRIGHT DR
City-St-Zip: TALLAHASSEE, FL 32303

Title: D (X) Delete
Name: CONE, CARL
Address: 5889 BRIGHT CT
City-St-Zip: TALLAHASSEE, FL 32303

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KENDRA L. KOTTMAN T 04/30/2006

Electronic Signature of Signing Officer or Director — Date