

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
Jun 04 1997 8:00 am
Secretary of State

DOCUMENT # 735142
1. Corporation Name
SHADY BANKS CIVIC ASSOCIATION, INC

Principal Place of Business Mailing Address
1700A SW 14th CT.
FORT LAUDERDALE, FL 33312

3. Date Incorporated or Qualified 4.28.86	3a. Date of Last Report 6.5.96
4. FEI Number 65-0056916	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29	30
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9. Name and Address of Current Registered Agent
DANIEL KAMMERER
1820 SW 14th Ct.
FORT LAUD. FL 33312

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 **DANIEL KAMMERER** DATE **5.29.97**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when changing agent)

12. OFFICERS AND DIRECTORS

TITLE P.D.	NAME DANIEL KAMMERER	<input type="checkbox"/> DELETE
STREET ADDRESS 1820 SW 14th Ct.	CITY-ST-ZIP FORT. LAUD. FL. 33312	
TITLE VPD	NAME LISA JAGGERS	<input type="checkbox"/> DELETE
STREET ADDRESS 1609 SW 14th ST	CITY-ST-ZIP FT. LAUD. FL 33312	
TITLE TD	NAME MILTON CORRY	<input type="checkbox"/> DELETE
STREET ADDRESS 1826 SW 14th Ct	CITY-ST-ZIP FT. LAUD. FL. 33312	
TITLE SD	NAME JERRY OLNSTEAD	<input type="checkbox"/> DELETE
STREET ADDRESS 1533 SW 19th AVE	CITY-ST-ZIP FORT LAUD. FL 33312	
TITLE	NAME	<input type="checkbox"/> DELETE
STREET ADDRESS	CITY-ST-ZIP	
TITLE	NAME	<input type="checkbox"/> DELETE
STREET ADDRESS	CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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14. I do 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.

SIGNATURE: **P.D. DANIEL KAMMERER** DATE: **5.29.97** TELEPHONE: **954/523-7538**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day/mt/Phone #

CR2E037 (9/96)