


FILE NOW: FILING FEE IS \$61.25

FILED

May 01 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 735142 (2)
1. Corporation Name
SHADY BANKS CIVIC ASSOCIATION, INC.



Principal Place of Business 1700 S.W. 14 CT. FORT LAUDERDALE FL 33312	Mailing Address 1700 S.W. 14 CT. FORT LAUDERDALE FL 33312
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3. Date Incorporated or Qualified
03/04/1976

4. FEI Number 65-0056916	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
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2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.
 Yes No

9. Name and Address of Current Registered Agent
**KAMMERER, DANIEL
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: *Kammerer Daniel* DATE: **4.5.98**

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	KAMMERER, DANIEL	
STREET ADDRESS	1820 SW 14TH CT.	
CITY-ST-ZIP	FORT LAUD FL 33312	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	CORRY, MILTON	
STREET ADDRESS	1809 SW 14TH CT	
CITY-ST-ZIP	FT. LAUD FL 33312	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	JAGGERS, LESA	
STREET ADDRESS	1809 SW 14 CT.	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	OLMSTEAD, JERRY	
STREET ADDRESS	1533 SW 19TH AVE	
CITY-ST-ZIP	FORT. LAUD FL 33312	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	P.D.	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	TURRELL BRUCE, Sr.	
1.3 STREET ADDRESS	1451 SW 18TH TERR	
1.4 CITY-ST-ZIP	FT. LAUD. FL 33312	
2.1 TITLE	VICE PRESIDENT V.P.D.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	JAGGERS LESA	
2.3 STREET ADDRESS	1609 SW 14TH CT.	
2.4 CITY-ST-ZIP	FT. LAUD. FL 33312	
3.1 TITLE	SECRETARY S.D.	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	WOEPLER DENISE	
3.3 STREET ADDRESS	1533 SW 19TH AVE	
3.4 CITY-ST-ZIP	FT. LAUD. FL. 33312	
4.1 TITLE	TREASURER T.D.	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	KAMMERER GEORGE	
4.3 STREET ADDRESS	1820 SW 14TH CT	
4.4 CITY-ST-ZIP	FT. LAUD. FL 33312	
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		

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.

SIGNATURE: *[Signature]* DATE: **4.6.98** TELEPHONE: **954-768 0600**

CP2E037 (10/97)