


FILE NOW: FILING FEE IS \$61.25

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May 06, 1999 8:00 am
Secretary of State

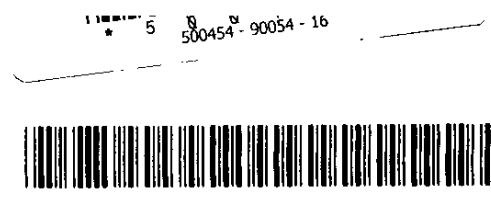
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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 735142
 1. Corporation Name
SHADY BANKS CIVIC ASSOCIATION, 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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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 03/04/1976
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 65-0056916
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
KAMMERER, DANIEL 1820 SW 14TH CT. FORT LAUD FL 33312				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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 Ch. of Board DATE: 4.29.99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRUCKE, TYRRELL	1.2 NAME	
STREET ADDRESS	1451 SW 18TH TERR	1.3 STREET ADDRESS	
CITY-ST-ZIP	FORT LAUD FL 33312	1.4 CITY-ST-ZIP	
TITLE	VPD	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JAGGERS, LESA	2.2 NAME	LIUDA FRICK
STREET ADDRESS	1609 SW 14TH CT	2.3 STREET ADDRESS	1491 SW 18TH TERR
CITY-ST-ZIP	FT. LAUD FL 33312	2.4 CITY-ST-ZIP	FT. LAUD. FL 33312
TITLE	SD	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WEPPLER, DENISE	3.2 NAME	RAUDY MURPHY
STREET ADDRESS	1533 SW 19TH AVE	3.3 STREET ADDRESS	1605 SW 14TH CT
CITY-ST-ZIP	FT. LAUDERDALE FL 33312	3.4 CITY-ST-ZIP	FT. LAUD. FL 33312
TITLE	TD	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KAMMERER, GENENE	4.2 NAME	
STREET ADDRESS	1820 SW 14TH CT	4.3 STREET ADDRESS	
CITY-ST-ZIP	FORT. LAUD FL 33312	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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, with all other like empowered.

SIGNATURE: [Signature] SIGNATURE REQUIRED [Signature] DATE: 4.29.99 DAYTIME PHONE #: 954-523-7538

CR2E037 (11/98)