

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 736753 (5)

1. Corporation Name
SHADOW BROOK CONDOMINIUM OWNER'S ASSOCIATION, INC.



Principal Place of Business: 6710 ELLENTON-GILLETTE RD. PALMETTO FL 34220 US
Mailing Address: P.O. 126 PALMETTO FL 34220-126 US

3. Date incorporated or Qualified: 09/07/1976
3a. Date of Last Report: 04/19/1995

21	2. Principal Place of Business	2a	Mailing Address	4.	FEI Number	Applied For
	Suite, Apt. #, etc.		Suite, Apt. #, etc.		59-1947686	Not Applicable
22	City & State	27	City & State	5.	Certificate of Status Desired	\$8.75 Additional Fee Required
	Zip	28	Zip			
23	Country	29	Country	6.	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
24		30		8.	This corporation has liability for intangible tax under s. 199.032, Florida Statutes	Yes No

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
FREEDOM MANAGEMENT SERVICES INC 419 OLD MAIN ST BRADENTON FL 34205				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				410 Old Main Street			
				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: *L. M. McCartney* LUCINDA MCCARTNEY 4/30/96
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	CD KUNZLE, MARCELLA 6710 ELLENTON-GILLETTE ROAD #10 PALMETTO FL	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	VPP Gerry Lebda <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	ERNEST, NORMAN 6710 ELLENTON GILLETTE PALMETTO FL	<input type="checkbox"/> DELETE	1.2 NAME	6710 Ellementon-Gillette Rd.#177 Palmetto, FL 34220	
STREET ADDRESS	WALLACE, ISIA 6710 ELLENTON GILLETTE PALMETTO FL	<input checked="" type="checkbox"/> DELETE	1.3 STREET ADDRESS	2.1 TITLE	TD Elizabeth O. Hellhake <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
CITY-ST-ZIP	BURGESS JAMES 6710 ELLENTON GILLETTE PALMETTO FL	<input type="checkbox"/> DELETE	2.2 NAME	6710 Ellementon-Gillette Rd.,#241 Palmetto, FL 34220	
CITY-ST-ZIP	OGERT, WILLIAM 6710 ELLENTON GILLETTE PALMETTO FL	<input type="checkbox"/> DELETE	2.3 STREET ADDRESS	3.1 TITLE	PD Wellman, Cliff <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
CITY-ST-ZIP	LONGARZO, PAT 6710 ELLENTON GILLETTE PALMETTO FL	<input type="checkbox"/> DELETE	3.2 NAME	6710 Ellementon-Gillette RD.,#76 Palmetto, FL 34220	
			3.3 STREET ADDRESS	4.1 TITLE	CD Burgess, James <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
			3.4 CITY-ST-ZIP	4.2 NAME	6710 Ellementon-Gillette Rd.,#383 Palmetto, FL 34220
			4.1 TITLE	4.3 STREET ADDRESS	
			4.2 NAME	4.4 CITY-ST-ZIP	
			4.3 STREET ADDRESS	5.1 TITLE	
			4.4 CITY-ST-ZIP	5.2 NAME	
			5.1 TITLE	5.3 STREET ADDRESS	
			5.2 NAME	5.4 CITY-ST-ZIP	
			5.3 STREET ADDRESS	6.1 TITLE	
			5.4 CITY-ST-ZIP	6.2 NAME	
			6.1 TITLE	6.3 STREET ADDRESS	
			6.2 NAME	6.4 CITY-ST-ZIP	
			6.3 STREET ADDRESS		
			6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *Elizabeth O. Hellhake* April 22, 1996 (941) 722-9793
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)