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May 05 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

Mailing Address

6710 ELLENTON-GILLETTE RD.
PALMETTO FL 34220
US

P.O. 126
PALMETTO FL 34220-0126
US

3. Date Incorporated or Qualified
09/07/1976

3a. Date of Last Report
05/01/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

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25

29

30

4. FEI Number
59-1947686

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

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)

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

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 VPD DELETE
NAME LEBDA, GERRY
STREET ADDRESS 6710 ELLENTON-GILLETTE RD., #177
CITY-ST-ZIP PALMETTO FL

1.1 TITLE PD Change Addition
1.2 NAME KUNZLE, JOHN
1.3 STREET ADDRESS 6710 ELLENTON-GILLETTE RD. #10
1.4 CITY-ST-ZIP PALMETTO, FL

TITLE SD DELETE
NAME ERNEST, NORMAN
STREET ADDRESS 6710 ELLENTON GILLETTE
CITY-ST-ZIP PALMETTO FL

2.1 TITLE VPD Change Addition
2.2 NAME HORN, HOWARD
2.3 STREET ADDRESS 6710 ELLENTON-GILLETTE RD #139
2.4 CITY-ST-ZIP PALMETTO, FL

TITLE PD DELETE
NAME WELLMAN, CLIFF
STREET ADDRESS 6710 ELLENTON-GILLETTE RD., #76
CITY-ST-ZIP PALMETTO FL

3.1 TITLE CD Change Addition
3.2 NAME LEBDA, GERRY
3.3 STREET ADDRESS 6710 ELLENTON-GILLETTE RD. #177
3.4 CITY-ST-ZIP PALMETTO, FL

TITLE CD DELETE
NAME BURGESS, JAMES
STREET ADDRESS 6710 ELLENTON-GILLETTE RD., #383
CITY-ST-ZIP PALMETTO FL

4.1 TITLE TD Change Addition
4.2 NAME HELLHAKE, ELIZABETH
4.3 STREET ADDRESS 6710 ELLENTON-GILLETTE RD #241
4.4 CITY-ST-ZIP PALMETTO, FL

TITLE D DELETE
NAME OGERT, WILLIAM
STREET ADDRESS 6710 ELLENTON GILLETTE
CITY-ST-ZIP PALMETTO FL

5.1 TITLE SD Change Addition
5.2 NAME RAPP, WILLIAM
5.3 STREET ADDRESS 6710 ELLENTON-GILLETTE RD #13
5.4 CITY-ST-ZIP PALMETTO, FL

TITLE D DELETE
NAME LONGARZO, PAT
STREET ADDRESS 6710 ELLENTON GILLETTE
CITY-ST-ZIP PALMETTO FL

6.1 TITLE D Change Addition
6.2 NAME PHILLIPS, PHYLLIS
6.3 STREET ADDRESS 6710 ELLENTON-GILLETTE RD #179
6.4 CITY-ST-ZIP PALMETTO, FL

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 *Gerry Lebda* *H 25 07 1997*

CR2E037 (9/96)