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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 # 736753

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
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 09/07/1976
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-1947686
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	
FREEDOM MANAGEMENT SERVICES INC 419-OLD MAIN ST BRADENTON FL 34205		81 Name	SEE CHANGE OF ADDRESS →
		82 Street Address (P.O. Box Number is Not Acceptable)	1905 MANATEE AVE W.
		83	
		84 City	BRADENTON FL 85 Zip Code 34205

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	At Large <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KUNZIE, JOHN	1.2 NAME	Patsy Marshall
STREET ADDRESS	6710 ELLENTON-GILLETTE RD #10	1.3 STREET ADDRESS	6710 Ellenton-Gillette #197
CITY-ST-ZIP	PALMETTO FL	1.4 CITY-ST-ZIP	PALMETTO, FL
TITLE	V.P.D. <input type="checkbox"/> DELETE	2.1 TITLE	PO <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HORN, HOWARD	2.2 NAME	Horn, Howard
STREET ADDRESS	6710 ELLENTON-GILLETTE RD #177 139	2.3 STREET ADDRESS	6710 Ellenton-Gillette # 139
CITY-ST-ZIP	PALMETTO FL	2.4 CITY-ST-ZIP	PALMETTO, FL.
TITLE	COB <input type="checkbox"/> DELETE	3.1 TITLE	
NAME	LEBDA, GERRY	3.2 NAME	
STREET ADDRESS	6710 ELLENTON GILLETTE #177	3.3 STREET ADDRESS	
CITY-ST-ZIP	PALMETTO FL 34221	3.4 CITY-ST-ZIP	
TITLE	TD <input checked="" type="checkbox"/> DELETE	4.1 TITLE	Treasurer <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HELLHAKE, ELIZABETH	4.2 NAME	Frank DuWois
STREET ADDRESS	6710 ELLENTON-GILLETTE RD #13	4.3 STREET ADDRESS	6710 Ellenton Gillette #362
CITY-ST-ZIP	PALMETTO FL	4.4 CITY-ST-ZIP	PALMETTO FL.
TITLE	V.P.D. <input type="checkbox"/> DELETE	5.1 TITLE	
NAME	RAPP, WILLIAM	5.2 NAME	
STREET ADDRESS	6710 ELLENTON-GILLETTE RD #13	5.3 STREET ADDRESS	
CITY-ST-ZIP	PALMETTO FL	5.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	6.1 TITLE	Asst. Treas. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PHILLIPS, PHYLLIS	6.2 NAME	Margaret Townsend
STREET ADDRESS	6710 ELLENTON-GILLETTE RD #179	6.3 STREET ADDRESS	6710 Ellenton-Gillette #229
CITY-ST-ZIP	PALMETTO FL	6.4 CITY-ST-ZIP	PALMETTO FL

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: Katherine Harris **SIGNATURE REQUIRED** Date: 2-13-99 Daytime Phone # _____

CR2E037 (11/98)