

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

APPROVED AND FILED

95 MAY -1 AM 8:49

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

|   |   |  |
|---|---|--|
| CORPORATION<br>ANNUAL REPORT<br><b>1995</b> |  | FLORIDA DEPARTMENT OF STATE<br>Sandra B. Monrham<br>Secretary of State<br>DIVISION OF CORPORATIONS |
|---|---|--|

**DOCUMENT # 743920 (1)**  
1. Corporation Name  
**SHADYWOODS HOMEOWNERS' ASSOCIATION, INC.**

|   |   |
|---|---|
| Principal Place of Business<br><b>4500 SHADYWOOD DR<br/>DELRAY BEACH FL 33445</b> | Mailing Address<br><b>4500 SHADYWOOD DR<br/>DELRAY BEACH FL 33445</b> |
|---|---|

DO NOT WRITE IN THIS SPACE

|   |  |
|---|--|
| 3. Date Incorporated or Qualified<br><b>08/15/1978</b>  | 3a. Date of Last Report<br><b>03/22/1994</b>                                       |
| 4. FEI Number<br><b>59-1912289</b>  | Applied For<br><input type="checkbox"/> Not Applicable<br><input type="checkbox"/> |
| 5. Certificate of Status Desired<br><input type="checkbox"/>  | <b>\$6.75</b> Additional Fee Required  |
| 6. Election Campaign Financing Trust Fund Contribution<br><input type="checkbox"/>  | <b>\$5.00</b> May Be Added to Fees   |
| 7. Nonprofit with IRS 501(c)(3) Tax Exempt Status<br><input type="checkbox"/>   | <b>\$68.75</b> Supplemental Fee Not Required                                       |
| 8. This corporation has liability for interstate tax under b. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |  |

|   |                                  |
|---|----------------------------------|
| 2. Principal Place of Business<br><b>21</b> | 2a. Mailing Address<br><b>26</b> |
| Suite, Apt. #, etc.<br><b>22</b>            | Suite, Apt. #, etc.<br><b>27</b> |
| City & State<br><b>23</b>                   | City & State<br><b>28</b>        |
| Zip<br><b>24</b>                            | Country<br><b>25</b>             |
| Zip<br><b>29</b>                            | Country<br><b>30</b>             |

9. Name and Address of Current Registered Agent

**RUBIN, STEVEN D  
980 N. FEDERAL HWY., #434  
BOCA RATON FL 33432**

10. Name and Address of New Registered Agent

|   |           |
|---|-----------|
| 81 Name   |           |
| 82 Street Address (P.O. Box Number is Not Acceptable) |           |
| 83  |           |
| 84 City   | <b>FL</b> |
| 85 Zip Code   |           |

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when registering) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

|                |                                 |
|----------------|---------------------------------|
| TITLE          | <b>TD</b>                       |
| NAME           | <b>HARDENBERGH, THOMAS</b>      |
| STREET ADDRESS | <b>4338 PALM FOREST DR S</b>    |
| CITY, ST, ZIP  | <b>DELRAY BEACH FL</b>          |
| TITLE          | <b>D</b>                        |
| NAME           | <b>HALLERBERG, KARL</b>         |
| STREET ADDRESS | <b>4094 PALM FOREST DR. S.</b>  |
| CITY, ST, ZIP  | <b>DELRAY BEACH FL</b>          |
| TITLE          | <b>PD</b>                       |
| NAME           | <b>WALSH, RAY</b>               |
| STREET ADDRESS | <b>4245 PALM FOREST DR S</b>    |
| CITY, ST, ZIP  | <b>DELRAY BEACH FL</b>          |
| TITLE          | <b>SD</b>                       |
| NAME           | <b>CHIAVELLI, FRANK</b>         |
| STREET ADDRESS | <b>3805 ARELIA DR N</b>         |
| CITY, ST, ZIP  | <b>DELRAY BEACH FL</b>          |
| TITLE          | <b>D</b>                        |
| NAME           | <b>ANTOSIK, CHARLES</b>         |
| STREET ADDRESS | <b>4105 PALM FOREST DR., S.</b> |
| CITY, ST, ZIP  | <b>DELRAY BCH. FL</b>           |
| TITLE          | <b>VD</b>                       |
| NAME           | <b>HAMILTON, D</b>              |
| STREET ADDRESS | <b>4328 PALM FOREST DR., S.</b> |
| CITY, ST, ZIP  | <b>DELRAY BEACH FL</b>          |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                   |  |
|-------------------|--|
| 11 TITLE          | <b>PD BICE, Jean C.</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition       |
| 12 NAME           | <b>4150 Palm Forest Dr. N.</b>   |
| 13 STREET ADDRESS | <b>Delray Beach, Florida</b>   |
| 14 CITY, ST, ZIP  |  |
| 21 TITLE          | <b>VD GOGGIN, James F.</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition    |
| 22 NAME           | <b>3727 Arelia Drive S.</b>  |
| 23 STREET ADDRESS | <b>Delray Beach, Fl.</b>   |
| 24 CITY, ST, ZIP  |  |
| 31 TITLE          | <b>SD HARDENBERGH, Thomas</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 32 NAME           | <b>4338 Palm Forest Dr. S.</b>   |
| 33 STREET ADDRESS | <b>Delray Beach, Fl.</b>   |
| 34 CITY, ST, ZIP  |  |
| 41 TITLE          | <b>TD McCOLLOM, John S.</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition   |
| 42 NAME           | <b>3750 Arelia Drive N.</b>  |
| 43 STREET ADDRESS | <b>Delray Beach, Fl.</b>   |
| 44 CITY, ST, ZIP  |  |
| 51 TITLE          | <b>D HALLERBERG, Karl</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition     |
| 52 NAME           | <b>4094 Palm Forest Drive S.</b>   |
| 53 STREET ADDRESS | <b>Delray Beach, Fl.</b>   |
| 54 CITY, ST, ZIP  |  |
| 61 TITLE          | <b>D PYTOSKY, Jack</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition        |
| 62 NAME           | <b>3715 Arelia Drive N.</b>  |
| 63 STREET ADDRESS | <b>Delray Beach, Fl.</b>   |
| 64 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 110.073(4), 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: John S. McCollom, Treasurer (407) 499-0433  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**JOHN S. McCOLLOM** 24 April 1995