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Jan 27 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 # 743920 (1)

1. Corporation Name
SHADYWOODS HOMEOWNERS' ASSOCIATION, INC.



Principal Place of Business Mailing Address
4500 SHADYWOOD DR DELRAY BEACH FL 33445
4500 SHADYWOOD DR DELRAY BEACH FL 33445-5747

3. Date Incorporated or Qualified 08/15/1978
3a. Date of Last Report 03/19/1996

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

4. FEI Number 59-1912289 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
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 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	PD	1.1 TITLE	
NAME	BICE, JEAN C.	1.2 NAME	
STREET ADDRESS	4150 PALM FOREST DR. N	1.3 STREET ADDRESS	
CITY-ST-ZIP	DELRAY BEACH FL	1.4 CITY-ST-ZIP	
TITLE	VD	2.1 TITLE	VD
NAME	CHIARELLI, FRANK	2.2 NAME	Edwin Weir, Edwin
STREET ADDRESS	3805 ARELIA DRIVE NORTH	2.3 STREET ADDRESS	4240 Palm Forest Drive North
CITY-ST-ZIP	DELRAY BEACH FL	2.4 CITY-ST-ZIP	DeLray Beach FL
TITLE	SD	3.1 TITLE	
NAME	THOMAS, FRANCIS J.	3.2 NAME	
STREET ADDRESS	3835 ARELIA DRIVESOUTH	3.3 STREET ADDRESS	
CITY-ST-ZIP	DELRAY BEACH FL	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	
NAME	MCCOLLOM, JOHN S.	4.2 NAME	
STREET ADDRESS	3750 ARELIA DRIVE N.	4.3 STREET ADDRESS	
CITY-ST-ZIP	DELRAY BEACH FL	4.4 CITY-ST-ZIP	
TITLE	TD	5.1 TITLE	
NAME	MUSER, DANIEL	5.2 NAME	
STREET ADDRESS	3744 ARELIA DRIVE SOUTH	5.3 STREET ADDRESS	
CITY-ST-ZIP	DELRAY BEACH FL	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	
NAME	PYTOSKY, JACK	6.2 NAME	
STREET ADDRESS	3715 ARELIA DRIVE N.	6.3 STREET ADDRESS	
CITY-ST-ZIP	DELRAY BEACH FL	6.4 CITY-ST-ZIP	

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: Dan Muser INQUIRED 1/9/97 (56) 499-0469
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0043201

CR2E037 (9/96)