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0045101

NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # 743920

1. Corporation Name

SHADYWOODS HOMEOWNERS' ASSOCIATION, INC.

\* 1 0 1 8 3 8 9 0 0 5 7 0 4 6 \* \* \*

Principal Place of Business  
 4500 SHADYWOOD DR  
 DELRAY BEACH FL 33445

Mailing Address  
 4500 SHADYWOOD DR  
 DELRAY BEACH FL 33445



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	08/15/1978	
22	City & State	27	City & State	4. FEI Number	Applied For
23	Zip	28	Country	59-1912289	Not Applicable
24	Country	29	Country	5. Certificate of Status Desired	\$8.75 Additional Fee Required
25	Country	30	Country	6. Election Campaign Financing	\$5.00 May Be Added to Fees
26	Country	31	Country	Trust Fund Contribution	

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
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 \_\_\_\_\_ DATE \_\_\_\_\_  
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	WEIR, EDWIN	
STREET ADDRESS	4240 PALM FORESTER DR. N.	
CITY-ST-ZIP	DELRAY BEACH FL 33445	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	BLATT, IRVING	
STREET ADDRESS	3752 ARELIA DRIVE SOUTH	
CITY-ST-ZIP	DELRAY BEACH FL 33445	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	THOMAS, FRANCIS J.	
STREET ADDRESS	3835 ARELIA DRIVESOUTH	
CITY-ST-ZIP	DELRAY BEACH FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	MCCOLLOM, JOHN S.	
STREET ADDRESS	3750 ARELIA DRIVE N.	
CITY-ST-ZIP	DELRAY BEACH FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	MUSER, DANIEL	
STREET ADDRESS	3744 ARELIA DRIVE SOUTH	
CITY-ST-ZIP	DELRAY BEACH FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	MACOMBER, C.W.	
STREET ADDRESS	3737 ARELIA DRIVE NORTH	
CITY-ST-ZIP	DELRAY BEACH FL 33445	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	MOSCHELLA, JOSEPH	
1.3 STREET ADDRESS	4230 PALM FOREST DR N	
1.4 CITY-ST-ZIP	DELRAY BEACH, FL 33445	
2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	LEVENSON, MIKE	
2.3 STREET ADDRESS	3754 ARELIA DR N	
2.4 CITY-ST-ZIP	DELRAY BEACH, FL 33445	
3.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	MOKOS, JOHN	
3.3 STREET ADDRESS	3906 ARELIA DR N.	
3.4 CITY-ST-ZIP	DELRAY BEACH, FL 33445	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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: \_\_\_\_\_ SIGNATURE REQUIRED *John S. McCollom* 561-495-0792  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/198)