

FILE NOW: FILING FEE IS \$61.25

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.

Principal Place of Business

**4500 SHADYWOOD DR
DELRAY BEACH FL 33445**

Mailing Address

**4500 SHADYWOOD DR
DELRAY BEACH FL 33445**

FILED
Feb 23, 1999 8:00 am
Secretary of State

02-23-1999 90057 046 ****61.25



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

08/15/1978

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

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

OFFICERS AND DIRECTORS

12. TITLE **PD** ☐ DELETE

NAME **WEIR, EDWIN**
STREET ADDRESS **4240 PALM FORESTER DR. N.**
CITY-ST-ZIP **DELRAY BEACH FL 33445**

TITLE **VD** ☐ DELETE

NAME **BLATT, IRVING**
STREET ADDRESS **3752 ARELIA DRIVE SOUTH**
CITY-ST-ZIP **DELRAY BEACH FL 33445**

TITLE **SD** ☒ DELETE

NAME **THOMAS, FRANCIS J.**
STREET ADDRESS **3835 ARELIA DRIVESOUTH**
CITY-ST-ZIP **DELRAY BEACH FL**

TITLE **TD** ☐ DELETE

NAME **MCCOLLOM, JOHN S.**
STREET ADDRESS **3750 ARELIA DRIVE N.**
CITY-ST-ZIP **DELRAY BEACH FL**

TITLE **TD** ☒ DELETE

NAME **MUSER, DANIEL**
STREET ADDRESS **3744 ARELIA DRIVE SOUTH**
CITY-ST-ZIP **DELRAY BEACH FL**

TITLE **D** ☒ 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** ☐ Change ☒ Addition

1.2 NAME **MOSCHIELLA, JOSEPH**
1.3 STREET ADDRESS **4230 PALM FOREST DR N**
1.4 CITY-ST-ZIP **DELRAY BEACH, FL 33445**

2.1 TITLE **D** ☐ Change ☒ 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** ☐ Change ☒ 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 ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/198)

0045101