

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 27, 2001 8:00 am
Secretary of State

01-27-2001 90062 045 ****61.25

DOCUMENT # 743920

1. Entity 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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1912289

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

John S. McCollom, Treasurer

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WEIR, EDWIN 4240 PALM FORESTER DR. N. DELRAY BEACH FL 33445	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BLATT, IRVING 3752 ARELIA DRIVE SOUTH DELRAY BEACH FL 33445	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MOSCHELLA, JOSEPH 4230 PALM FOREST DR N DELRAY BEACH FL 33445	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MCCOLLOM, JOHN S. 3750 ARELIA DRIVE N. DELRAY BEACH FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEVENSON, MIKE 3754 ARELIA DR N DELRAY BEACH FL 33445	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MOKOS, JOHN 3906 ARELIA DR N DELRAY BEACH FL 33445	<input checked="" type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S.D. KERRIGAN, NANCY 3919 ADA ARELIA DR. S. DeLray Beach, FL 33445	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

John S. McCollom, JOHN S. McCollom 01/06/01 561-495-0792

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E037 (10/00)