

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 91068 023 ****61.25

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

94082978



DOCUMENT # 743920					
1. Entity 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		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-1912289	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ DATE _____					
Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating)					
Filing Fee is \$81.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD JOHNSON, WOODY 3691 ARLIA DR. N. DELRAY BEACH, FL 33445	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Michael Levenson 3754 Arelia Dr. S. Delray Beach, FL 33445	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD SCHNEIDER, LINDA 4218 PALM FOREST DR. S DELRAY BEACH, FL 33445	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD Gene Davis 4086 Palm Forest Dr. S. Delray Beach, FL 33445	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HAYNES, LINDA 3703 ARELIA DR. N. DELRAY BEACH, FL 33445	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Sylvia Klein 4325 Palm Forest Dr. N Delray Beach, FL 33445	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD HARDENBERGH, THOMAS D 4338 PALM FOREST DR. N. DELRAY BEACH, FL 33445	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Richard Battin 3747 Arelia Dr. S. Delray Beach, FL 33445	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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: <i>R. L. Battin</i>				Date: <i>04/29/04</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone # <i>581 4359555</i>	