FILE NOW: FILING FEE AFTER MAY 1 IS $150.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAY -1 AM 8:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

DOCUMENT # 749868 (6)

1. Corporation Name

SHAKERWOOD ASSOCIATION, INC.

Principal Place of Business	Mailing Address
13857 WELLINGTON TRACE D-1 WEST PALM BEACH FL 33414 US	13857 WELLINGTON TRACE D-1 WEST PALM BEACH FL 33414 US

3. Date Incorporated or Qualified: 11/20/1979
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-2543691 — Applied For ☐ Not Applicable ☐

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

5. Certificate of Status Desired ☐ — **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ — **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under § 199.032, Florida Statutes ☑ Yes ☐ No

9. Name and Address of Current Registered Agent

NELSON, MICHAEL H. PRESIDENT
DISTINCTIVE HRMS OF THE PALM BEACHES INC
13857 WELLINGTON TRACE, STE D-8
WELLINGTON FL 33414

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ (Signature of person named as registered agent within this statement) (NOTE: Registered Agent signature required when completed) (DATE)

12. OFFICERS AND DIRECTORS

TITLE	[redacted]
NAME	CRAVER, JULIE
STREET ADDRESS	1514 SHAKER CIR
CITY ST ZIP	W. PALM BEACH FL
TITLE	[redacted]
NAME	HENDERSON, SALLY
STREET ADDRESS	11753 TRUNSTONE DR
CITY ST ZIP	W. PALM BEACH FL
TITLE	SD
NAME	WHITE, ANGIE Aw
STREET ADDRESS	1520 SHAKER CIR
CITY ST ZIP	WEST PALM BEACH FL
TITLE	[redacted]
NAME	SYNDER, JOANINO
STREET ADDRESS	142 OLD COUNTRY RD
CITY ST ZIP	W. PALM BEACH FL
TITLE	MARIE RIGG VP/D
NAME	1642 SHAKER CIRCLE
STREET ADDRESS	WPB, FL 33414
CITY ST ZIP	
TITLE	T/D
NAME	CHRIS CAGLIANO
STREET ADDRESS	13511 JONQUIL PLACE
CITY ST ZIP	WPB, FL 33414

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	DIRECTOR	☑ Change	☐ Addition
12 NAME			
13 STREET ADDRESS			
14 CITY ST ZIP			
21 TITLE	PRES/DIR	☑ Change	☐ Addition
22 NAME			
23 STREET ADDRESS			
24 CITY ST ZIP			
31 TITLE		☐ Change	☐ Addition
32 NAME			
33 STREET ADDRESS			
34 CITY ST ZIP			
41 TITLE	DIRECTOR	☑ Change	☐ Addition
42 NAME			
43 STREET ADDRESS			
44 CITY ST ZIP			
51 TITLE	DIRECTOR	☐ Change	☒ Addition
52 NAME	DON McKAY		
53 STREET ADDRESS	1590 SHAKER CIRCLE		
54 CITY ST ZIP	WPB, FL 33414		
61 TITLE		☐ Change	☐ Addition
62 NAME			
63 STREET ADDRESS			
64 CITY ST ZIP			

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. 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 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Angela M. White
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — (Optional Phone #)

0011401