FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT

1996

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

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

2. Principal Place of Business	2a. Mailing Address
21 12765 W. Forest Hill Blvd	26 Same As #2
22 Suite, Apt. #, etc. Suite 1302	27 Suite, Apt. #, etc.
23 City & State Wellington	28 City & State
24 Zip 33414 25 Country USA	29 Zip 30 Country

3. Date Incorporated or Qualified: **11/20/1979**

3a. Date of Last Report: **05/01/1995**

4. FEI Number: **59-2543691** ☐ 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

8. This corporation has liability for intangible tax under s. 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) 12765 W. Forest Hill Blvd.

83 Suite 1302

84 City Wellington FL 85 Zip Code 33414

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	D	☐ DELETE
NAME	CRAVER, JULIE	
STREET ADDRESS	1514 SHAKER CIR	
CITY-ST-ZIP	W. PALM BEACH FL	
TITLE	~~PD~~	☐ DELETE
NAME	~~HENDERSON, SALLY~~	
STREET ADDRESS	~~11753 TRUNSTONE DR~~	
CITY-ST-ZIP	~~W. PALM BEACH FL~~	
TITLE	SD	☐ DELETE
NAME	WHITE, ANGIO	
STREET ADDRESS	1520 SHAKER CIR	
CITY-ST-ZIP	WEST PALM BEACH FL	
TITLE	D	☐ DELETE
NAME	SYNDER, JOANINO	
STREET ADDRESS	142 OLD COUNTRY RD	
CITY-ST-ZIP	W. PALM BEACH FL	
TITLE	VPD	☐ DELETE
NAME	RIGG, MARIE	
STREET ADDRESS	1642 SHAKUM CIRCLE	
CITY-ST-ZIP	WEST PALM BEACH FL	
TITLE	TD	☐ DELETE
NAME	CAGGIANO, CHRIS	
STREET ADDRESS	13511 JUNQUIL PLACE	
CITY-ST-ZIP	WEST PALM BEACH FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	P/D	☐ Change ☒ Addition
2.2 NAME	DONALD McKAY	
2.3 STREET ADDRESS	1648 SHAKUM CIRCLE	
2.4 CITY-ST-ZIP	WEST PALM BEACH, FL 33414	
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
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		

CR2E037 (12/95)

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)(k), 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.

SIGNATURE: Donald McKay PRES. APR 19 96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #