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May 01 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

12765 W. FOREST HILL BLVD
SUITE 1302
WELLINGTON FL 33414
US

12765 W. FOREST HILL BLVD.
SUITE 1302
WELLINGTON FL 33414-4724
US

3. Date Incorporated or Qualified
11/20/1979

3a. Date of Last Report
05/01/1996

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

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

NELSON, MICHAEL H. PRESIDENT
12765 W. FOREST HILL BLVD
SUITE 1302
WELLINGTON FL 33414

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

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D** ☐ DELETE
NAME **CRAVER, JULIE**
STREET ADDRESS **1514 SHAKER CIR**
CITY-ST-ZIP **W. PALM BEACH FL**

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE **PD** ☐ DELETE
NAME **DONALD MCKAY**
STREET ADDRESS **1648 SHAKOR CIRCLE**
CITY-ST-ZIP **WEST PALM BEACH FL**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE **SD** ☐ DELETE
NAME **WHITE, ANGIO**
STREET ADDRESS **1520 SHAKER CIR**
CITY-ST-ZIP **WEST PALM BEACH FL**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE **D** ☐ DELETE
NAME **SYNDER, JOANINO**
STREET ADDRESS **142 OLD COUNTRY RD**
CITY-ST-ZIP **W. PALM BEACH FL**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE **VPD** ☐ DELETE
NAME **RIGG, MARIE**
STREET ADDRESS **1642 SHAKUM CIRCLE**
CITY-ST-ZIP **WEST PALM BEACH FL**

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE **TD** ☐ DELETE
NAME **CAGGIANO, CHRIS**
STREET ADDRESS **13511 JUNQUIL PLACE**
CITY-ST-ZIP **WEST PALM BEACH FL**

6.1 TITLE ☐ Change ☒ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

Michael Nelson
12765 W. Forest Hill Blvd Ste 1302
Wellington, FL 33414

14. I do 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.

SIGNATURE: **Michael Nelson**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/97

561-793-7461

Date

Daytime Phone # 0041196

CR2E037 (9/96)