

FILE NOW: FILING FEE IS \$61.25

FILED

Apr 20 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **749868** (6)
1. Corporation Name
SHAKERWOOD ASSOCIATION, INC.

Principal Place of Business 12765 W. FOREST HILL BLVD SUITE 1302 WELLINGTON FL 33414 US	Mailing Address 12765 W. FOREST HILL BLVD. SUITE 1302 WELLINGTON FL 33414 US
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3. Date Incorporated or Qualified

11/20/1979

4. FEI Number

59-2543691

Applied For

Not Applicable

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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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. Is this nonprofit corporation a homeowners association?

☒ Yes ☐ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☒ Yes ☐ No

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 NAME CRAYER, JULIE STREET ADDRESS 1514 SHAKER CIR CITY - ST - ZIP W. PALM BEACH FL	☒ DELETE
TITLE PD NAME DONALD MCKAY STREET ADDRESS 1648 SHAKOR CIRCLE CITY - ST - ZIP WEST PALM BEACH FL	☐ DELETE
TITLE D NAME SYNDER, JOANINO STREET ADDRESS 142 OLD COUNTRY RD CITY - ST - ZIP W. PALM BEACH FL	☐ DELETE
TITLE TD NAME CAGGIANO, CHRIS STREET ADDRESS 13511 JUNQUIL PLACE CITY - ST - ZIP WEST PALM BEACH FL	☐ DELETE
TITLE NAME STREET ADDRESS CITY - ST - ZIP 	☐ DELETE
TITLE NAME STREET ADDRESS CITY - ST - ZIP 	☐ DELETE

1.1 TITLE 	☐ Change ☐ Addition
1.2 NAME 	
1.3 STREET ADDRESS 	
1.4 CITY - ST - ZIP 	
2.1 TITLE 	☐ Change ☐ Addition
2.2 NAME 	
2.3 STREET ADDRESS 	
2.4 CITY - ST - ZIP 	
3.1 TITLE 	☒ Change ☐ Addition
3.2 NAME SNYDER, JEANINE	
3.3 STREET ADDRESS 12765 W Forrest Hill Blvd #1302	
3.4 CITY - ST - ZIP Wellington FL 33414	
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 MARIE RIGG D	
5.3 STREET ADDRESS 12765 W Forest Hill Blvd #1302	
5.4 CITY - ST - ZIP WELLINGTON FL 33414	
6.1 TITLE 	☐ Change ☒ Addition
6.2 NAME MICHAEL H. NELSON	
6.3 STREET ADDRESS 12765 W Forest Hill Blvd #1302	
6.4 CITY - ST - ZIP Wellington FL 33414	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 as an attachment with an address.

SIGNATURE:

Michael H. Nelson

AS 4/15/98 561-773-7266

CP2E037 (10/97)