FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 25, 1999 8:00 am
Secretary of State
04-25-1999 90037 012 ****61.25

0042323

DOCUMENT # 749868

1. Corporation Name
SHAKERWOOD ASSOCIATION, INC.

409490 - 90037 - 12

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 US

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country 25	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30	3. Date Incorporated or Qualified 11/20/1979 4. FEI Number 59-2543691 ☐ Applied For ☐ Not Applicable 5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

NELSON, MICHAEL H. PRESIDENT
12765 W. FOREST HILL BLVD
SUITE 1302
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 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			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D VP	☐ DELETE	1.1 TITLE	D ☐ Change ☑ Addition
NAME	RIGG, MARIE		1.2 NAME	
STREET ADDRESS	12765 W. FOREST HILL BLVD. #1302		1.3 STREET ADDRESS	JAY SALAMONE
CITY-ST-ZIP	WELLINGTON FL 33414		1.4 CITY-ST-ZIP	11972 SHAKERWOOD LANE WEST PALM BEACH FL 33414-5787
TITLE	PD	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	DONALD MCKAY		2.2 NAME	
STREET ADDRESS	1648 SHAKOR CIRCLE		2.3 STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH FL		2.4 CITY-ST-ZIP	
TITLE	D VP	☐ DELETE	3.1 TITLE	D ☐ Change ☑ Addition
NAME	SNYDER, JEANINE		3.2 NAME	
STREET ADDRESS	12765 W. FOREST HILL BLVD. #1302		3.3 STREET ADDRESS	VICTORIA RIVERA
CITY-ST-ZIP	WELLINGTON FL 33414		3.4 CITY-ST-ZIP	1640 SHAKER CIRCLE WEST PALM BEACH FL 33414-5791
TITLE	TD	☒ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	CAGGIANO, CHRIS		4.2 NAME	
STREET ADDRESS	13511 JUNIQUIL PLACE		4.3 STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH FL		4.4 CITY-ST-ZIP	
TITLE	AS	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	NELSON, MICHAEL		5.2 NAME	
STREET ADDRESS	12765 W. FOREST HILL BLVD. #1302		5.3 STREET ADDRESS	
CITY-ST-ZIP	WELLINGTON FL 33414		5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

CR2E037 (11/98)

14. 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 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, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED 4/14/99 561-753-7166
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #