

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$184 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$368)

NONPROFIT CORPORATION ANNUAL REPORT 1995



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

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

95 JUN 21 AM 10:05

DOCUMENT # 757964 (2)
 1. Corporation Name
SHADOW WOOD VILLAS ASSOCIATION, INC.

Principal Place of Business Mailing Address
 P O BOX 77-1722 P O BOX 77-1722
 CORAL SPRINGS FL 33077-1722 CORAL SPRINGS FL 33077-1722
 US US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **05/11/1981** 3a. Date of Last Report **03/29/1994**
 4. FEI Number **59-2145889** 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
 7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **FILING FEE IS \$61.25**
 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
DEPIETTO, ANTHONY J
385 SHADOW WOOD LN
CORAL SPRINGS FL 33071

10. Name and Address of New Registered Agent
 81 Name **Rory Epstein**
 82 Street Address (P.O. Box Number is Not Acceptable) **9584 Shadow Wood Lane**
 83
 84 City **Coral Springs** FL 85 Zip Code **33071**

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 617.0502, Florida Statutes.

SIGNATURE *[Signature]* DATE **6-12-95**

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	DI PIETTO, ANTHONY
STREET ADDRESS	385 SHADOW WOOD LN
CITY - ST - ZIP	CORAL SPRGS, FL 00000
TITLE	VPD
NAME	OLAND, STEVE
STREET ADDRESS	419 SHADOW WOOD LN
CITY - ST - ZIP	CORAL SPRGS, FL 00000
TITLE	DT
NAME	SALDETER, MARTIN
STREET ADDRESS	429 SHADOW WOOD LN
CITY - ST - ZIP	CORAL SPRGS FL
TITLE	MD
NAME	CASEY, TOM
STREET ADDRESS	375 SHADOW WOOD LN
CITY - ST - ZIP	CORAL SPRGS, FL 00000
TITLE	D
NAME	SCOTT, FRANK
STREET ADDRESS	354 SHADOW WOOD LN.
CITY - ST - ZIP	CORAL SPRINGS FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	Rory Epstein	
13 STREET ADDRESS	9584 Shadow Wood Lane	
14 CITY - ST - ZIP	Coral Springs FL 33071	
21 TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	Vincent Capizzi	
23 STREET ADDRESS	472 Shadow Wood Lane	
24 CITY - ST - ZIP	Coral Springs FL 33071	
31 TITLE	MD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	Anthony DiPietto	
33 STREET ADDRESS	385 Shadow Wood Lane	
34 CITY - ST - ZIP	Coral Springs FL 33071	
41 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	Frank Scott	
43 STREET ADDRESS	354 Shadow Wood Lane	
44 CITY - ST - ZIP	Coral Springs FL 33071	
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY - ST - ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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)(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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* **Rory Epstein** DATE: **6-12-95** DAYTIME PHONE: **341-3130**

CR2E037 (3/95)