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May 26 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



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

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



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

Mailing Address: P O BOX 77-1722 CORAL SPRINGS FL 33077-1722 US

3. Date Incorporated or Qualified: 05/11/1981

4. FEI Number: 59-2145889

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

2. Principal Place of Business (21-24)

2a. Mailing Address (25-30)

9. Name and Address of Current Registered Agent
EPSTEIN, RORY
9584 SHADOW WOOD AVE
CORAL SPRINGS FL 33071

10. Name and Address of New Registered Agent (81-85)

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	PD	1.1 TITLE	
NAME	EPSTEIN, RORY	1.2 NAME	
STREET ADDRESS	9584 SHADOW WOOD LANE	1.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL SPRGS, FL 00000	1.4 CITY-ST-ZIP	
TITLE	VPD	2.1 TITLE	MD
NAME	CAPIZZI, VINCENT	2.2 NAME	Capizzi Vincent
STREET ADDRESS	472 SHADOW WOOD LANE	2.3 STREET ADDRESS	472 Shadow Wood Ln
CITY-ST-ZIP	CORAL SPRGS, FL 00000	2.4 CITY-ST-ZIP	Coral Springs FL 33071
TITLE	MD	3.1 TITLE	VPD
NAME	DI PIETTO, ANTHONY	3.2 NAME	Stancavage, Ron
STREET ADDRESS	385 SHADOW WOOD LANE	3.3 STREET ADDRESS	385 Shadow Wood Ln
CITY-ST-ZIP	CORAL SPRGS FL	3.4 CITY-ST-ZIP	Coral Springs FL 33071
TITLE	D	4.1 TITLE	D
NAME	SCOTT, FANK	4.2 NAME	
STREET ADDRESS	354 SHADOW WOOD LANE	4.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL SPRGS, FL 00000	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	TD
NAME	SCOTT, FRANK	5.2 NAME	Michalowski, Gary
STREET ADDRESS	354 SHADOW WOOD LN.	5.3 STREET ADDRESS	481 Shadow Wood Lane
CITY-ST-ZIP	CORAL SPRINGS FL	5.4 CITY-ST-ZIP	Coral Springs FL 33071
TITLE		6.1 TITLE	SD
NAME		6.2 NAME	Goodman Gary
STREET ADDRESS		6.3 STREET ADDRESS	9560 Shadow Wood Lane
CITY-ST-ZIP		6.4 CITY-ST-ZIP	Coral Springs FL 33071

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CITY-ST-ZIP	CORAL SPRGS, FL 00000	1.4 CITY-ST-ZIP	
TITLE	VPD	2.1 TITLE	MD
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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.

SIGNATURE: _____ DATE: 2/12/98 954-341-3130

CFR2E037 (10/97)