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Secretary of State

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NONPROFIT
 CORPORATION
 ANNUAL REPORT
1999



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

DOCUMENT # 757964

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



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		05/11/1981	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-2145889	
City & State		City & State		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24	Zip	25	Country	29	30

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
EPSTEIN, RORY 9584 SHADOW WOOD AVE CORAL SPRINGS FL 33071				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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	MD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CAPIZZI, VINCENT	2.2 NAME	
STREET ADDRESS	474 SHAWOD WOOD LN	2.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL SPRGS, FL 00000 33071	2.4 CITY-ST-ZIP	
TITLE	VPD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STANCANAGE, RON	3.2 NAME	
STREET ADDRESS	385 SHADOWWOOD LN	3.3 STREET ADDRESS	
CITY-ST-ZIP	COARL SPGS FL 33071	3.4 CITY-ST-ZIP	
TITLE	SD	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GOODMAN, BARY	4.2 NAME	
STREET ADDRESS	9560 SHAWDOW WOOD LANE	4.3 STREET ADDRESS	SD Duga Yvette 355 Shadow Wood Ln Coral Spring Fl 3307
CITY-ST-ZIP	CORAL SPGS FL	4.4 CITY-ST-ZIP	
TITLE	TD	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MICHALOWSKI, GARY	5.2 NAME	
STREET ADDRESS	481 SHADOW WOOD LANE	5.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL SPGS FL 33071	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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]* SIGNATURE REQUIRED

4/5/99

954 341-3130

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)