

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 17, 2000 8:00 am
Secretary of State

05-17-2000 90931 044 ****70.00

DOCUMENT # 757964

1. Entity Name

SHADOW WOOD VILLAS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

P O BOX 77-1722
 CORAL SPRINGS FL 33077-1722
 US

P O BOX 77-1722
 CORAL SPRINGS FL 33077-1722
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2145889

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

EPSTEIN, RORY
9584 SHADOW WOOD AVE
CORAL SPRINGS FL 33071

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	EPSTEIN, RORY	
STREET ADDRESS	9584 SHADOW WOOD LANE	
CITY-ST-ZIP	CORAL SPRGS, FL 00000	
TITLE	MD	<input checked="" type="checkbox"/> Delete
NAME	CAPIZZI, VINCENT	
STREET ADDRESS	474 SHAWOD WOOD LN	
CITY-ST-ZIP	CORAL SPRGS, FL 00000 33071	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	STANCANAGE, RON	
STREET ADDRESS	385 SHADOWWOOD LN	
CITY-ST-ZIP	COARL SPGS FL 33071	
TITLE	SD	<input type="checkbox"/> Delete
NAME	PUGA, YVETTE	
STREET ADDRESS	355 SHADOW WOOD LN	
CITY-ST-ZIP	CORAL SPGS FL 33307	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	MICHALOWSKI, GARY	
STREET ADDRESS	481 SHADOW WOOD LANE	
CITY-ST-ZIP	CORAL SPGS FL 33071	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	MD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Epstein, Rory	
STREET ADDRESS	9584 shadow wood LN	
CITY-ST-ZIP	Coral Springs FL 33071	
TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Robert Batesawo	
STREET ADDRESS	438 shadow wood LN	
CITY-ST-ZIP	Coral Springs FL 33071	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	PD	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Betty Michalowski	
STREET ADDRESS	481 shadow wood LN	
CITY-ST-ZIP	Coral Springs FL 33071	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE: 4/10/00 DAYTIME PHONE #: 954 341-3130

CR2E037 (9/99)