

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 10, 2001 8:00 am
Secretary of State

0037185

DOCUMENT # 757964

05-10-2001 90098 034 *****70.00

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 **Betty Michalowski**

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

481 Shadow Wood Lane

City **Coral Springs** FL Zip Code **33071**

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 Betty Michalowski Betty Michalowski President 4/20/01
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 checked="" 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 | Rory Epstein | |
| STREET ADDRESS | 9584 shadow wood Ln | |
| CITY-ST-ZIP | Coral Springs FL 33071 | |
| TITLE | SD | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Noel Grillo | |
| STREET ADDRESS | 9501 shadow wood Ln | |
| CITY-ST-ZIP | Coral Springs FL 33071 | |
| TITLE | TD | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Robert Balesano | |
| STREET ADDRESS | 438 shadow wood Ln | |
| CITY-ST-ZIP | Coral Springs FL 33071 | |
| 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: Rory Epstein 4/20/01 954 755-0283
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)