FILE NOW: FILING FEE AFTER MAY 1 IS $165.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED
95 MAY -1 PM 12:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
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****130.00 ****130.00
DO NOT WRITE IN THIS SPACE

DOCUMENT # 758659 (7)

1. Corporation Name
SHADOW WOOD CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
~~229 S POMPANO PKWY~~ POMPANO BCH FL 33069	~~229 S POMPANO PKWY~~ POMPANO BCH FL 33069

3. Date Incorporated or Qualified: 06/05/1981
3a. Date of Last Report: 04/29/1994
4. FEI Number: 65-0030655 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business
21: 1280 SW 36 Ave, Suite 301
22 Suite, Apt. #, etc
Pompano Beach, Florida
23 City & State
24 Zip: 33069
25 County: U.S.A.

2a. Mailing Address
26: Same
27 Suite, Apt. #, etc
28 City & State
29 Zip
30 County

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 ☐ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

~~HUTSHNEKER, STUART~~
~~229 S POMPANO PKWY~~
~~POMPANO BCH FL 33313~~

Pat Kelly
c/o Exclusive Prop. Mgmt. Inc.
1280 SW 36 Ave Suite 301
Pompano, Fl. 33069

10. Name and Address of New Registered Agent

81 Name: PATRICIA A. Kelly
82
83 1280 S.W. 36th Avenue • Suite #301
84 Pompano Beach, Florida 33069

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: Patricia A Kelly 4/27/95
(Signature, type or print name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) Date

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	~~PD~~	11 TITLE	☑ Change ☐ Addition
NAME	~~HUTSHNEKER, STUART~~	12 NAME	TD Thompson, Ellen
STREET ADDRESS	8517 SHADOW COURT	13 STREET ADDRESS	8467 Shadow Court
CITY-ST-ZIP	CORAL SPRINGS FL	14 CITY-ST-ZIP	Coral Spgs. Fl 33071
TITLE	VD	21 TITLE	☑ Change ☑ Addition
NAME	~~PRIED, KENNETH~~	22 NAME	VP Rapoport, Sharyn
STREET ADDRESS	8552 SHADOW COURT	23 STREET ADDRESS	8476 Shadow Ct
CITY-ST-ZIP	CORAL SPRINGS FL	24 CITY-ST-ZIP	Coral Spgs. Fl 33071
TITLE	~~SD~~ PD	31 TITLE	☐ Change ☐ Addition
NAME	SIMPSON, STEPHEN	32 NAME	RD Simpson, Stephen
STREET ADDRESS	8508 SHADOW CT	33 STREET ADDRESS	8508 Shadow Ct
CITY-ST-ZIP	CORAL SPRINGS FL	34 CITY-ST-ZIP	Coral Spgs. Fl 33071
TITLE	~~TD~~ SD	41 TITLE	☐ Change ☐ Addition
NAME	CHURCHILL, CLINTON	42 NAME	SD Churchill, Clinton
STREET ADDRESS	8536 SHADOW CT	43 STREET ADDRESS	8536 Shadow Ct
CITY-ST-ZIP	CORAL SPRINGS FL	44 CITY-ST-ZIP	Coral Spgs. Fl 33071
TITLE	D	51 TITLE	☑ Change ☐ Addition
NAME	~~MONTGOMERY, JUNE~~	52 NAME	D Jacobs, Louise
STREET ADDRESS	~~8525 SHADOW CT~~	53 STREET ADDRESS	8512 Shadow Ct
CITY-ST-ZIP	CORAL SPRINGS FL	54 CITY-ST-ZIP	Coral Springs
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		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)(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 electronic 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: Steve Simpson Steve Simpson President 4/18/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

000324