FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT 1998

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

FILED
May 18 1998 8:00am
Secretary of State

DOCUMENT # 758659 (7)

1. Corporation Name

SHADOW WOOD CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
C/O BENCHMARK PROP. MGT. 7932 WILES RD CORAL SPRINGS FL 33067	C/O BENCHMARK PROP. MGT. 7932 WILES RD CORAL SPRINGS FL 33067

3. Date Incorporated or Qualified: 06/05/1981

4. FEI Number: 65-0030655 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

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

9. Name and Address of Current Registered Agent

EGAN, KATHY
8403 SHADOW CT
CORAL SPRINGS FL 33071

10. Name and Address of New Registered Agent

81 Name: Clinton Churchill
82 Street Address (P.O. Box Number is Not Acceptable): 8536 Shadow Court
83: Clinton Churchill
84 City: Coral Springs **FL** 85 Zip Code: 33071

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: Clinton R Churchill CLINTON R CHURCHILL 5/7/98
Signature, typed or printed 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	P	☐ DELETE	1.1 TITLE	P	☒ Change ☐ Addition
NAME	EGAN, KATHY		1.2 NAME	Clinton Churchill	
STREET ADDRESS	8403 SHADOW CT		1.3 STREET ADDRESS	8536 Shadow Court	
CITY-ST-ZIP	CORAL SPRINGS FL 33071		1.4 CITY-ST-ZIP	Coral Springs, FL 33071	
TITLE	V	☒ DELETE	2.1 TITLE	V	☒ Change ☐ Addition
NAME	RAPOPORT, SHARYN		2.2 NAME	Kathy Egan	
STREET ADDRESS	8476 SHADOW COURT		2.3 STREET ADDRESS	8403 Shadow Court	
CITY-ST-ZIP	CORAL SPRINGS FL 33071		2.4 CITY-ST-ZIP	Coral Springs, FL 33071	
TITLE	TD	☒ DELETE	3.1 TITLE	S/D	☐ Change ☒ Addition
NAME	THOMPSON, ELLEN		3.2 NAME	Debra Goldstein	
STREET ADDRESS	8467 SHADOW CT		3.3 STREET ADDRESS	8544 Shadow Court	
CITY-ST-ZIP	CORAL SPRINGS FL 33071		3.4 CITY-ST-ZIP	Coral Springs, FL 33071	
TITLE	D	☐ DELETE	4.1 TITLE	T/D	☐ Change ☒ Addition
NAME	CHURCHILL, CLINTON		4.2 NAME	Chester Just	
STREET ADDRESS	8536 SHADOW CT		4.3 STREET ADDRESS	8501 Shadow Court	
CITY-ST-ZIP	CORAL SPRINGS FL 33071		4.4 CITY-ST-ZIP	Coral Springs, FL 33071	
TITLE	SD	☒ DELETE	5.1 TITLE	D	☐ Change ☒ Addition
NAME	LE CLAIR, LISA		5.2 NAME	Louise Jacobs	
STREET ADDRESS	8459 SHADOW CT		5.3 STREET ADDRESS	8512 Shadow Court	
CITY-ST-ZIP	CORAL SPRINGS FL 33071		5.4 CITY-ST-ZIP	Coral Springs, FL 33071	
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (10/97)

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: Clinton R Churchill 4/20/98
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0025753