1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

## **DOCUMENT # 758659**

1. Corporation Name

2. Principal Place of Business

Suite, Apt. #, etc.

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SHADOW WOOD CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
C/O BENCHMARK PROP. MGT.	C/O BENCHMARK PROP. VIGT.
7932 WILES RD	7932 WILES RD
CORAL SPRINGS FL 33067	CORAL SPRINGS FL 3306?

2a. Mailing Address

Suite, Apt. #, etc.

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## FILED Apr 26, 1999 8:00 am Secretary of State

04-26-1999 90196 019 \*\*\*\*61.25

\* 4 1 8 7 3 418738 - 90196 - 19

3. Date Incorporated or Qualifed

06/05/1981

4. FEI Number

2		27	27				65-0030655			Not Applicable	
City & State		City & State				5. Certificate of Status Desired			\$8.75 Additional Fee Required		
Zip	Zip Country Zip			Country 30		6. Electior Campaign Financing Trust Fund Contribution			\$5.00 May Be Added to Fees		
	9. Name and Address of Curren	t Registered Agent				10. Name a	nd Address of New	Registere	i Agent	<del></del>	
				81	Name						
CHURCHILL, CLINTON 8536 SHASOW CT			82	Street Ad	tress (P.O. Box N	lumber is Not Accept	able)				
	PRINGS FL 33071			83							
OOIVIL OI	111100 1 2 3007 1			84	City		-49%	F	85 Zip C	cde	
11. Pursuant office or r agent. I a SIGNATUR E	to the provisions of Sections 617.050 egistered agent, or both, in the State in familiar with and accept the obligations typed or printed name of registered agent	of Florida. Such chan tions of Section 617. 	ge was author 0503, Ficrida S	nzed by Statutes.	tne corpora	poration submits tion's board of dir red when reinstating)	this statement for the ectors. I hereby acce	ipt tile app	of changing its cointment as rec	registered pistered	
12.		D DIRECTORS		13.		_ , ADDITICN	IS/CHANGES TO OF	FICERS A	ND DIRECTO	₹¥N 12	
TITLE	P		ELETE	1.1 TITLE		Directs			Change	Addition	
NAME	CHURCHILL, CLINTON		1.	1.2 NAME			ead, Maril Shadow Cou				
	8536 SHADOW CT		<b>l</b> .	1.3 STREET	ADDRESS		Springs,	FL	33071		
	CORAL SPRINGS FL 33071	vvv		1.4 CITY-ST	- 1			ГЦ	33071		
CITY-ST-ZIP		·····································		2.1 TITLE		<del>-Director</del>		Change	Addition		
TITLE	V CAN KATUV			2.2 NAME		Lisa 1	LeClair		-		
NAME	EGAN, KATHY				*DDDECC	8459 \$	Shadow COu	ırt			
STREET ADDRESS	8403 SHADOW CT		1	2.3 STREET	1		Springs,	$_{ m FL}$	33071		
CITY-ST-ZIP	CORAL SPRINGS FL 33071	X		2. 4 CITY-S	T- ZIP				Change	X Additio	
TITLE	TD	AAU		3.1 TITLE		Direct			Orlange	25 7 100 100	
NAME	GOŁDSTEIN, DEBRA		B.	3.2 NAME		Julia	Paige				
STREET ADDRESS	8544 SHADOW CT		<b>.</b>	3.3 STREET	ADDRESS	8451	Shadow Co	ourt			
CITY-ST-ZIP	CORAL SPRINGS FL 33071			3.4. CITY- S	T-ZIP	Coral-	Springs,	— <del>-PI.</del> -	33071	Г <b>≱</b> Additio	
TITLE	D		ELETE .	4.1 TITLE		Direct			7_1 Change	L_P-Addiso	
NAME	CHURCHILL, CLINTON			4. 2 NAME			son, Eller	า			
STREET ADDRESS	8536 SHADOW CT			4.3 STREET	ADDRESS	8467					
CITY-ST-ZIP	CORAL SPRINGS FL 33071			4.4 CITY- S1	-ZIP		Springs,		<del>-33071</del>		
TITLE	TD	7 <u>7</u> 73	ELETE	5.1 TITLE		COLUI	springs,		Change	☐ Additio	
NAME	JACOBS, LOUISE			5.2 NAME							
STREET ADDRE SS				5.3 STREET	ADDRESS						
CITY-ST-ZIP	CORAL SPRINGS FL 33071			5.4 CITY-\$1	r-ZIP						
TITLE	D	<del>XX</del> 0	ELETE	6.1 TITLE			···		Change	Additio	
NAME	JACOBS, LOUISE			6.2 NAME							
				6.3 STREET	ADDRESS						
STREET ADDRE 3S											
CITY-ST-ZIP	CORAL SPGS FL 33071			6.4 CITY-S	r. 7IP						

Interest certify that the information supplied with this liming does not quality it the exemption stated in Section 1.3.07(5)(f). Profitod statutes. From the Certify had the information indicated on this annual report or suppliemental annual report is true and accurate and that my signature shall have the 3 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 recuired 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 AND TYPED OR PRINTED MARKE OF SIGNING OFFICER OR DIRECT

3/26/99

954-344-5353

Daytime Phone a

CR2F:037 (11/98)

Appl ed For