2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 06, 2005 8:00 am
Secretary of State
04-06-2005 90098 039 ****61.25

DOCUMENT # 758659

1. Entity 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

02272005 Chg-NP CR2E037 (10/03)

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 65-0030655 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
BACKER LAW FIRM 136 E BOCA RATON ROAD BOCA RATON, FL 33432	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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP JUST, CHESTER 8501 SHADOW COURT CORAL SPRINGS, FL 33071	☐ Delete ✓	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIRECTOR-TREASURE CESAR, MARGARETTE 8471 Shadow Court Coral Springs FL 33071	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DVP PAIGE, JULIA 8451 SHADOW COURT CORAL SPRINGS, FL 33071	☐ Delete ✓	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIRECTOR JUST, CHESTER 8501 Shadow Ct Coral Springs FL 33071	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D D'ARCY, RALPH 8525 SHADOW CT CORAL SPRINGS, FL 33071	☐ Delete ✓	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIRECTOR - PRESIDENT D'ARCY, RALPH 8525 Shadow Ct Coral Springs FL 33071	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DT HIGGINS, BARBARA 8440 SHADOW CT CORAL SPRINGS, FL 33071	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIRECTOR - SECRETARY OLMSTEAD, MARILYN 8572 Shadow Ct Coral Springs FL 33071	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D OLMSTEAD, MARILYN 8572 SHADOW CT. CORAL SPGS, FL 33071	☐ Delete ✓	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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: Ralph A. D'Arcy 3/8/05 954 344 5353
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

RALPH A. D'ARCY