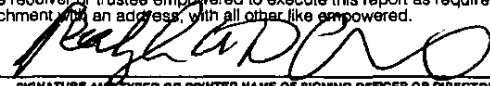


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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 C/O BENCHMARK PROP. MGT. 7932 WILES RD CORAL SPRINGS, FL 33067			Mailing Address C/O BENCHMARK PROP. MGT. 7932 WILES RD CORAL SPRINGS, FL 33067		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 65-0030655	
Zip		Country		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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
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-TREASURER CESAR, MARGARETTE 8471 Shadow Court Coral Springs FL 33081	☐ 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 G 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 G 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 G 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		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE 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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date 3/8/05 Daytime Phone # 954 344 5353		
RALPH A. D'ARCY					